

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011453

STATE FILE NUMBER
2 2867

Registration District No. _____ Primary Registration District No. _____

FILED APR 7 1959

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 2204 So. Jefferson	
Length of stay in lb _____		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Albert Middle C. Last Thompson			4. DATE OF DEATH Month March Day 20 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 29, 1899	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewer	10b. KIND OF BUSINESS OR INDUSTRY Falstaff Brewery	11. BIRTHPLACE (City and state or country) Chicago, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Thomas Thompson	13b. MOTHER'S MAIDEN NAME Marie Johnson	14. NAME OF HUSBAND OR WIFE Florence
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I	16. SOCIAL SECURITY NO. 318-07-1374	17. INFORMANT Address Florence Thompson, 2204 So. Jefferson
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Trauma Fracture of Ribs E 901.3 05		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) suffered in fall from ladder		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter name of injury in PART I or PART II of certificate) fall from ladder at Falstaff Brewery, 2000 Madison	
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20c. TIME OF INJURY Hour 7:15 a.m. Month 3 Day 12 Year 1959	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) W Factory		20e. CITY, TOWN, OR LOCATION St. Louis Mo	20f. COUNTY Mo	20g. STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 545 A m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Dee, see or title) Patrick Taylor Curran	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 3-20-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-20-59	23c. NAME OF CEMETERY OR CREMATORY Ridgewood Cemetery	23d. LOCATION (City, town, or county) (State) DesPlaines, Ill.
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24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG. MAR 20 '59	26. REGISTRAR'S SIGNATURE W. Earl Smith, M.D.
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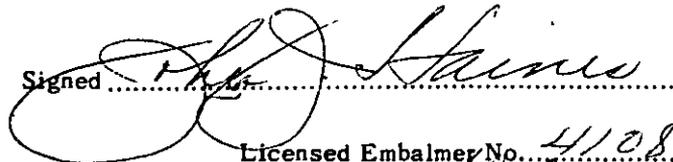
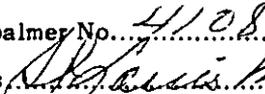
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 4108
P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.