URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. 7332 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 1215 N. 7th St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Augusta Middle C. Last Thompson

4. DATE OF DEATH Month July Day 22 Year 1960.

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH July 11, 1892

9. AGE (last birthday) 68 — IF UNDER 1 YEAR Months 5 Days 11 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Dept. Store Clerk

11. BIRTHPLACE (City and state or country) St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME August Koschnig

13b. MOTHER'S MAIDEN NAME Helena Von Loser

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 488-05-5947

17. INFORMANT Joseph A. Koschnig Address 4603 Natural Bridge

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Metastatic Carcinoma of Breast — 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) 170X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June - 1960 to July -22- 60 and last saw her/him alive on July -22- 60
Death occurred at Jewish Hospital on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. G. Prolsten (Degree or title) M.D.

22b. ADDRESS Pisky Bldg.

22c. DATE SIGNED 7/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE July 25, 1960

23c. NAME OF CEMETERY OR CREMATORY New Picker Cem.

23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR Bull-Campbell Mortuary ADDRESS 5165 Delaware

25. DATE RECD. BY LOCAL REG. JUL 23 1960

26. REGISTRAR'S SIGNATURE Carl Smith M.D. (H.T.)

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4108

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.