

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036787

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8574**

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 17 1962

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1				
2 <i>21</i>				
3				
4 <i>2</i>				
5 <i>2</i>				
6				
7 <i>1</i>				
8 <i>2</i>				
9	SHOULD READ	BY AFFIDAVIT OF	ITEM NO.	MEDICAL CERTIFICATION
10				
11				
12 <i>92-3</i>				
13				
<i>91</i>				

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **50 yrs**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **D.O.A. Homer Phillips** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY _____

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **4641 Maffitt** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **GEORGE THOMPSON**

4. DATE OF DEATH Month Day Year **August 29, 1962**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **6/26/80** 9. AGE (last birthday) **82** IF UNDER 1 YEAR Months **2** Days **3** IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None - Blind** 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and state or country) **Brookville, Miss.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Scott** 13b. MOTHER'S MAIDEN NAME **Harriet Richardson** 14. NAME OF HUSBAND OR WIFE **Nellie Thompson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address **Birby Inez Ross, 1253 Aubert**

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

IMMEDIATE CAUSE (a) **Arterio Sclerotic Heart Disease** INTERVAL BETWEEN ONSET AND DEATH _____

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Generalized Arterio Sclerosis, 4200**

DUE TO (c) _____

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 _____, to _____, and last saw her/him alive on _____.

Death occurred at _____ **822 A** _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *Paul Simon* (Degree or *Deputy Coronator*) 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **9/5/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **9/5/62** 23c. NAME OF CEMETERY OR CREMATORY **Washington Park Cem.** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Charles J. Gates, 4107 Finney** 25. DATE RECD. BY LOCAL REG. **SEP 5 1962** 26. REGISTRAR'S SIGNATURE *Paul Smith, M.D.*

USE BLACK INK OR TYPEWRITER RIBBON

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 Raymond Dickson, Student Embalmer No. 665
working under my personal supervision.

Student Raymond Dickson
Signature of Student Embalmer

Signed Quinton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.