

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009947

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 521

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

**FILED MAR 5 1963**

1. PLACE OF DEATH  
a. COUNTY St. Louis

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

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

c. CITY OR TOWN So. Kimbark Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 8225 Wesley Reside on Farm Yes  No

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

4. DATE OF DEATH Month 2 Day 14 Year 63

5. SEX Female 6. COLOR OR RACE NEGRO 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-25-1892 9. AGE (last birthday) 70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Mississippi 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME GREEN VASSAR 13b. MOTHER'S MAIDEN NAME LONNIE VASSAR 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. NO 17. INFORMANT Rose Lee Sharp Address 8225 Wesley

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia 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) Generalized Arteriosclerosis; Bronchopneumonia 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 4:45a Month, Day, Year 2-6-63

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 Clayton 5, Mo. COUNTY St. Louis STATE Mo

21. I attended the deceased from 2-6-63 to 2-14-63 and last saw her alive on 2-14-63  
Death occurred at 4:45a on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. P. Gillette M.D. (degree or title) 22b. ADDRESS 601 So. Brentwood Clayton 5, Mo. 22c. DATE SIGNED 2/16/63

23a. BURIAL, CREMATION, or REMOVAL (Specify) BURIAL 23b. DATE 2-19-63 23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK 23d. LOCATION (City, town, or county) (State) St. Louis County Mo.

24. FUNERAL DIRECTOR J. McClendon ADDRESS 4532 Washington 25. DATE RECD. BY LOCAL REG. 2-18-63 26. REGISTRAR'S SIGNATURE J. S. Humphrey M.D.

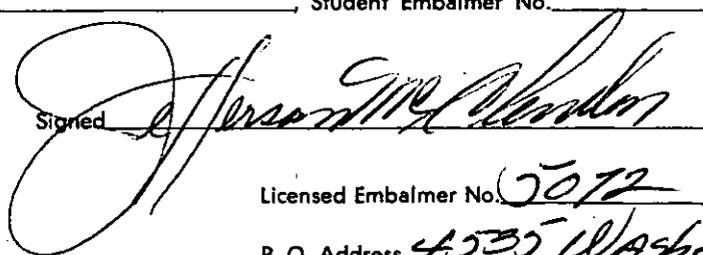
(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 5072

P. O. Address 4535 Washington

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.