

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046124

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11596** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300	DATE AMENDED
Rev. 4/59	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC - 2 1963	
1. PLACE OF DEATH a. COUNTY Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Length of stay in lb. 11 21 1963	
c. FULL NAME OF (If NOT in hospital, give location) 2669 Lucas Avenue Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) 2669 Lucas Avenue Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED Richard Thompson	
5. SEX Male	6. COLOR OR RACE Colored
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-7-1893
9. AGE (last birthday) 70 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
11. BIRTHPLACE (City and state or country) Alabama	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Thompson	13b. MOTHER'S MAIDEN NAME Artagis Thompson
14. NAME OF HUSBAND OR WIFE Emma Thompson	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Emma Thompson - 2669 Lucas Avenue
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia Influenza (viral) CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. 480x DUE TO (b) [REDACTED] DUE TO (c) [REDACTED]	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:30 Month, Day, Year 11 23 1963	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 6th floor
20f. CITY, TOWN, OR LOCATION St. Louis COUNTY St. Louis STATE Missouri	
21. I attended the deceased from 11-23-63 12:30 to 11-23-63 12:30 and last saw her alive on 11-23-63 and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Wm. Beaton (Degree or title) M.D.	22b. ADDRESS 2320 Washington
22c. DATE SIGNED 11-23-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-25-1963
23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
23d. LOCATION (City, town, or county) St. Louis (County) Missouri (State)	
24. FUNERAL DIRECTOR Ellis Funeral Home ADDRESS 2820 Stoddard St.	25. DATE RECD. BY LOCAL REG. NOV 23 1963
26. REGISTRAR'S SIGNATURE Loed Smith, M.D.	

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis Mo

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.