MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31808

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 1903 Biddle St. ..... Ward)

File No. .....

Registered No. 9165

2. FULL NAME Catherine Thompson

(a) Residence. No. 1903 Biddle St., 21 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26 - 1927

7. AGE — YEARS — MONTHS 1 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wickliffe (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Melinda Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) River Stelson (STATE OR COUNTRY) Missouri

14. INFORMANT James Thompson (Address) 1903 Biddle

15. FILED OCT 15 1927 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-14-27

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 5-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia Primary

107B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hoop

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1000

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

10/10 1927 (Signed) Wm Dever M.D. (Address) Dep Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park — DATE OF BURIAL Oct 15 1927

20. UNDERTAKER Watson and Son — ADDRESS 2941 Chouteau

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] INK—THIS IS A PERMANENT RECORD