

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

Do not use this space.

35244

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003 File No. 10423
 City St. Louis Mo. (No. 31142 Sidney St.) Registered No. 10423 St. Ward (No.)

2. FULL NAME William L. Thompson

(a) Residence No. 31142 Sidney St. 97 Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 7 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Collector
 (b) General nature of industry, business, or establishment in which employed (or employer) Globe Democrat
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

10. NAME OF FATHER "

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

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) "

14. INFORMANT Eva L. Thompson
 (Address) 31142 Sidney St.

15. FILED Nov 22 1927 Man G. D'Arcey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 21- 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 9th 1927, to Nov 21st 1927 that I last saw him alive on Nov 20th 1927, and that death occurred, on the date stated above, at 7:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93C Chronic Myocarditis

93B
 CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) - yrs. - mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death

18. DID AN OPERATION PRECEDE DEATH? no DATE OF

18. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Classical Symptoms
W. H. Jones, M. D.
121, 1927, (Address) 1544 So. Broadway

*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 Missouri Crematory DATE OF BURIAL Nov. 23, 1927

20. UNDERTAKER Ziegenhain Bros. 2623 Cherokee St. ADDRESS

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.

