

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

Do not use this space.

21905

Stewart

1. PLACE OF DEATH
 County St. Louis Registration District No. **791**
 Township _____ Primary Registration District No. **2003**
 City MO (No. St. Louis Childrens Hrs. St. _____ Ward) *detal*

2. FULL NAME WALTER THOMPSON, JR.
 (a) Residence No. 3850 W. Pine St. 19 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred Life yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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-2-1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	13	10	2	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work School Boy
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER Ray Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) MO.

12. MAIDEN NAME OF MOTHER Myrtle Sewley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) MO.

14. INFORMANT Am Buggess
 (Address) 500 W. Kingshighway

15. FILED JUN -5 1928 REGISTRAR Chas. H. Stewart

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-4-1928

17. I HEREBY CERTIFY, That I attended deceased from 5-8, 1928, to 6-4-, 1928 (that I last saw him alive on 6-4-, 1928, and that death occurred, on the date stated above, at 12 noon m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis - (Rheumatic Heart Disease) - Chronic (duration) 20 yrs. mos. da.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Home
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam + P.M.
4/4 (Signed) Chas. H. Stewart, M.D.
St. Louis Childrens

*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 Catholay DATE OF BURIAL June 6 1928

20. UNDERTAKER Chas. H. Stewart ADDRESS 5725 Easton

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

