

EP 27 1928

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township Richmond Heights

Primary Registration District No. 6248H

City Richmond Heights, (No. 1025)

Yale Ave

File No. 28465

Registered No. (104)

St. (no 184) Ward

2. FULL NAME

Walter C. Thompson

(a) Residence. No. 1370 Blaine, St. W. 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.

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)

Divorced

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

Jno B. Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

10-8-1855

7. AGE

72 YEARS

MONTHS

9

DAYS

28

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

none

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Orange

(STATE OR COUNTRY)

Ill

10. NAME OF FATHER

W. B. Harrison

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

USA

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Henriette Condit

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Montreal

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

W. B. Harrison  
1370 Blaine Ave

15.

FILED

4/1 1928 W. B. Harrison  
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug 6 1928

17.

I HEREBY CERTIFY, That I attended deceased from Nov

16, 1923, to Aug 5, 1928  
that I last saw him alive on Aug 5, 1928, and that death occurred, on the date stated above, at 2:45 P.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pericarditis, Arteriosclerosis, Nephritis

1370 Blaine Ave

CONTRIBUTORY (SECONDARY)

1370 Blaine Ave

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

no DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

Blood, Urine

(Signed)

D. S. Steiner, M. D.

(Address)

316 Wall Bldg

\*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

DATE OF BURIAL

W. B. Harrison

2-8 1928

20. UMBERTAKER

ADDRESS

Alexander Heron

1370 Blaine Ave

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.

9 to 1  
3903 Chir St.

2  
0.8

1  
3

9  
7  
3