

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

Do not use this space.

3326

1. PLACE OF DEATH

County St. Louis
Township Central
City Maplewood

Registration District No. 786
Primary Registration District No. 4469
(No. 2447 Blue av)

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Fele May Thompson

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 D. W. Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1864-1-14

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|-----------|-----------|----------------------------------|
| | <u>64</u> | <u>11</u> | <u>26</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) housewife
(c) Name of employer _____

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

10. NAME OF FATHER J. A. Sandman

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

12. MAIDEN NAME OF MOTHER Pauline Olsen

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

14. INFORMANT John Newman
(Address) 2447 Blue av.

15. FILED 1/11 1929 Mercedes Sabater
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 3, 1929, to Jan 10, 1929 that I last saw him alive on Jan 10, 1929 and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A cardi dilatation
at home (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY Pneumonia (influenza)
(SECONDARY) (duration) _____ yrs. _____ mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED HA
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) H. P. R. Chas 3349, M. D.
1/11 1929 (Address) 2516 Sutton

*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 Memorial Park DATE OF BURIAL 1/12 29

20. UNDERTAKER Robert Schubert ADDRESS 7124 Forsythe

1929
 PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 Every item of information should be carefully supplied. AGE should be stated EXACTLY.
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