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

Do not use this space.

12927

1. PLACE OF DEATH.

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3478

City St. Louis (No. Kings-Way Hotel St. ..... Ward)

2. FULL NAME John Edwin Thomson.

(a) Residence. No. Kings-Way Hotel 19 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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 Frances H. Thomson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15th - 1850

7. AGE: Years 78. Months 4. Days 4. If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER Almen Thomson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Emma Lewis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England.
(STATE OR COUNTRY)

14. INFORMANT Mrs J. E. Thomson.
(Address) Kings-Way Hotel

15. FILED 20 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/19 1929

17. I HEREBY CERTIFY, That I attended deceased from 2/23/29 1929, to 3/19 1929, that I last saw him alive on 3/18 1929, and that death occurred, on the date stated above, at 3 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic
93C
94B
(duration) 2 yrs. x mos. x ds.

CONTRIBUTORY (SECONDARY) Coronary Thrombosis
(duration) — yrs. — mos. 23 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? NO DATE OF —
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Lionel S. Luton, M.D.
, 19 (Address) 508 N Grand St. Louis Mo

*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: Bellefontaine Cem. DATE OF BURIAL: 3-20-1929.

20. UNDERTAKER: C. R. Lupton. ADDRESS: Olive Street #4449

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.

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