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.

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

Do not use this space.

27957

[redacted]

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 7781

City St. Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME Ernestine Thompson

(a) Residence. No. 5047 Geraldine St., 7 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13, 1891

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
39	3	20	

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

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

PARENTS

10. NAME OF FATHER John Stoll

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

12. MAIDEN NAME OF MOTHER Nee Annette Stoll

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

14. INFORMANT David Thompson
(Address) 5047 Geraldine Ave

15. FILED AUG -4 1930, 19.. Max C. Hartley REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1930

17. I HEREBY CERTIFY, That I attended deceased from 5-17, 1930 to 8-3, 1930 that I last saw her alive on 8-2, 1930 and that death occurred, on the date stated above, at 1:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Recurrent Carcinoma of the ovaries
49A
47B (duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of pleura (duration) yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH St Louis
DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 1930
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? E. Vaginoscopy
(Signed) W. H. Stevenman, M. D.
8-4, 1930 (Address) 1506 St Louis

*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
Calvary Cemetery	Aug 6, 1930
20. UNDERTAKER	**ADDRESS**
Frehmann Hanal	1905 Union

~~5051 N Kingshighway~~
~~Mul 5118~~
1506 St Louis
Cen 0638
1-2