

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. City Hospital)

File No. 12297
Registered No. 3561
St. Ward)

2. FULL NAME

Patricia Lou Thompson
(a) Residence No. 5634 Devonshire St. Ward 14
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 14, 1928</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>3</u>
		DAYS
		<u>6</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
<u>Infant</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
PARENTS	10. NAME OF FATHER <u>John G. Thompson</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
	12. MAIDEN NAME OF MOTHER <u>Cecil DeLeon</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts</u>	
14. INFORMANT (Address) <u>John G. Thompson</u> <u>5634 Devonshire St.</u>		
15. FILED <u>23 1931</u> 19..... REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-20-1931

17. No Physician in Attendance
I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw h. alive on 19..... and that death occurred, on the date stated above, at 545 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Burns 1st & 2nd Degree received while playing with matches
181 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) No Burning Building (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF (17)
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. W. Cerner M.D.
3/21, 1931 (Address) Dep. Corv

*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
New St Marcus

20. UNDERTAKER
Friegshausen U. @ Newcenter

DATE OF BURIAL
3-23, 1931

ADDRESS 4104

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.

