

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

Do not use this space.

27189

File No. \_\_\_\_\_  
Registered No. **9002**  
St. \_\_\_\_\_ (Ward) \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **10003**  
City **St. Louis, Ch. Hosp. - 500 Sp. Kings Highway**

**2. FULL NAME** **Baby Thompson**

(a) Residence. No. **2009 Salisbury** St. **26** Ward.

Length of residence in city or town where death occurred **Life** yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_ (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **child**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 23-31**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**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 \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS, MO.**  
(STATE OR COUNTRY)

**PARENTS**

10. NAME OF FATHER **WALTER Thompson**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **ST. LOUIS, MO.**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Iva Powell**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **ST. LOUIS, MO.**  
(STATE OR COUNTRY)

14. INFORMANT **C. Yost**  
(Address) **500 Sp. Kings Highway**

15. FILED **24 1931** **W. C. Starnes**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 23 1931**

17. I HEREBY CERTIFY, That I attended deceased from **7-23 1931** to **7-23 1931** that I last saw him alive on **7-23 1931**, and that death occurred, on the date stated above, at **7:10 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Prematurity**

**159** (duration) yrs. \_\_\_\_\_ mos. **1/4** ds.

CONTRIBUTORY (SECONDARY) **159** (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH **2009 Salisbury**

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? **Yes**  
WHAT TEST CONFIRMED DIAGNOSIS **Autopsy**  
(Signed) **Alvin F. Hartmann** M. D.  
, 19 (Address) **500 Sp. Kings Highway**

\*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 **Relieved to Washington University for Anatomical Purposes** DATE OF BURIAL \_\_\_\_\_ 19 \_\_\_\_\_  
20. UNDERTAKER **Relieved as Specimen 7-24-31** ADDRESS \_\_\_\_\_

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.

