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.

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

Do not use this space.

37956

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ST-LOUIS, MO. Primary Registration District No. ..... File No. .....

City ..... (No. 3961 Aldine St. ..... Ward) Registered No. 10688

2. FULL NAME EMILY THOMPSON

(a) Residence, No. 3961 LUCKY ST— St., 11 Ward.
(Usual place of abode) aldine (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: FEMALE
4. COLOR OR RACE: COL
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWER-

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF EPHRIAM-THOMPSON-

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Abt 1861

7. AGE: ABOUT 71 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOUSEWIFE —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME JAMES. YOUNG.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

MOTHER

15. MAIDEN NAME JESTENA- PRATT-

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI-

17. INFORMANT (ADDRESS) PHILOMENA-ELLIS, 3961 aldine ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE JEFFERSON, BARRICK DATE 12-3- 1932

19. UNDERTAKER (ADDRESS) EMMETT- TONEY- 3436 LAWTON AVE.

20. FILED DEC -2 1932 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1932

22. I HEREBY CERTIFY That I attended deceased from March 13, 1932 to Nov 29, 1932
I last saw her alive on Nov 9 1932 Death is said to have occurred on the date stated above, at 12 30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
9 C	
9 Chronic myocarditis	
9 C	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation — Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) D. A. Thomson, M. D.
(Address) 3121 N Grand