

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

Do not use this space.

3093

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

File No. _____

Township Central

Primary Registration District No. 6033

Registered No. _____

City Clayton

(No. St. Louis County Hospital Ward)

2. FULL NAME THOMPSON, ROSE MARIE

(a) Residence, No. 208 E. Beudeltown Ward. Brentwood Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 9 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>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 - 1932

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
_____	<u>4</u>	<u>10</u>	_____

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) Brentwood
(STATE OR COUNTRY) Missouri

13. NAME Joseph Roy Thompson

14. BIRTHPLACE (CITY OR TOWN) Davis Co
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Catherine Litta

16. BIRTHPLACE (CITY OR TOWN) Davis Co
(STATE OR COUNTRY) Missouri

17. INFORMANT R. W. Thompson
(ADDRESS) 208 E Beudeltown

18. BURIAL, CREMATION, OR REMOVAL
PLACE balcony DATE Jan 11 1933

19. UNDERTAKER Parker Lillard Co
(ADDRESS) Webster Groves

20. FILED Jan 10 1933 R. W. Sullivan
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933 to Jan 10, 1933
I last saw her alive on Jan 9, 1933 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
107A Primary Date of onset Jan 6, 33

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Clin & Lab Were an autopsy? No.

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) B. C. Koroski, M.D.
(Address) St. Louis Co. Hospital
Clayton, MO

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.

