

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

Do not use this space.

41323

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1000  
City St. Louis. (No. Luthern Hospital)

File No.....  
Registered No. 11309  
St. .... Ward)

**2. FULL NAME** Ebert Allen Thompson.

(a) Residence, No. 1719 Missouri Ave. St. 23 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 11, 1921.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>13</u>	<u>10</u>	<u>15</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
	<u>Child.</u>	<u>11-10-34</u>	<u>10</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	<u>Child.</u>	<u>11-10-34</u>	

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

13. NAME George Thompson.

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

15. MAIDEN NAME Alma McClury.

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

17. INFORMANT George Thompson  
(ADDRESS) 1719 Missouri Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia Mo. DATE Nov, 28, 34

19. UNDERTAKER William W. McFarland  
(ADDRESS) 2301 Lafayette Ave.

20. FILED 19 J. A. Bredbeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1934, to Nov 26, 1934

I last saw him alive on Nov 26, 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

	Date of onset
<u>Tuber. Pneumonia (Doubt.)</u>	<u>10-28</u>
<u>Broncho Pneumonia</u>	<u>11-10</u>
<u>Empyema</u>	<u>11-15</u>
<u>Acute Nephritis</u>	<u>11-5</u>
<u>Oedema of lungs</u>	<u>10-20</u>

Other contributory causes of importance: 10

Name of operation Throctostomy Date of 11-22-

What test confirmed diagnosis? Sp. smears Was there 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) Edmund Bennett, M. D.  
(Address) 1504 So Grand Ave

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.

