

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

Do not use this space.

21339

JUN 6 1936

1. PLACE OF DEATH

County
Township
City *St. Louis* (No. *City Hosp # 2*)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **5552**
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. *Percy L. Thompson* St., *21* Ward.
(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 *M.* 4. COLOR OR RACE *C.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *abt 1907*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *common*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Laborer*
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) *Ala*

FATHER
13. NAME *Wm*

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

MOTHER
15. MAIDEN NAME *Wm*

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

17. INFORMANT *Harold Shultz Rep. Com.* (ADDRESS) *Consent's Court Bldg.*

18. BURIAL, CREMATION, OR REMOVAL *City Cemetery* DATE *5/27/36*

19. UNDERTAKER *Wm C. McAllerwell* (ADDRESS) *27 1338*

20. FILED 19 *27 1338* *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 2, 1936*

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him... alive on 19... Death is said to have occurred on the date stated above, at *1:30 p.*

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

Stab Wound of Chest caused by knife in hands of Arson Blacksheer at 1916 Delmar DE. April 25, 1936

Other contributory causes of importance: *Starvation*

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide *Homicide* Date of injury *4/25/36* Where did injury occur? *1916 Delmar St. Louis Mo.* (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? If so, specify (Signed) *J. F. Bredeck*, M. D. (Address) *27 1338*

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.

