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.

FEB 8 1937

96 1. PLACE OF DEATH

35 County

9 Township

City St. Louis, (No. City Hospital No.1 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

File No. 3777

Registered No. 813

B.. 14982 Robert Thompson

2. FULL NAME

(a) Residence, No. 5308 Oriole St., 7 Ward. 1 (If nonresident, give city or town and State)
(Usual place of abode)

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: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 2, 1874.

7. AGE: 62 YEARS | MONTHS: 2 | DAYS: 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Woker 56

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

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): Niles Ohio 2

FATHER

13. NAME: Alexander Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 8

MOTHER

15. MAIDEN NAME: Emily Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 8

17. INFORMANT (ADDRESS): Hosp. Info. M.H. Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: Jan, 20, 1937

19. UNDERTAKER (ADDRESS): A. Kron Liv & Und. Co. 2707 North Grand Blvd.

20. FILED: JAN 19 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/17/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/15/37, 19, to 1/17/37, 19

I last saw him alive on 1/17/37, 19 Death is said to have occurred on the date stated above, at 7.30 p

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

Lobar pneumonia

Date of onset

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Other contributory causes of importance:

Degenerative heart disease

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? 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?

If so, specify

(Signed) Geo J Seibold, M. D.

(Address) City Hospital No.1