

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

Do not use this space.

APR 9 1937

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1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. 1343 Hodiamont Ave. St. Ward)

File No. 10570
Registered No. 3144

2. FULL NAME Louisa Thompson

(a) Residence, No. 1343 Hodiamont Ave. s. s. St., 6 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1885
7. AGE YEARS 52 MONTHS 5 DAYS 9 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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

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

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

13. NAME Ed Park

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Elige Thompson (ADDRESS) 1345 Hodiamont Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 3/23/37 19.

19. UNDERTAKER Edith E. Gambroster (ADDRESS) 4224 Manchester

20. FILED MAR 22 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20/37 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1937, to March 20, 1937. I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 6:40 P. M.

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

Chronic Parenchymatous Hepatitis Date of onset

Other contributory causes of importance: Hypertension Essential

Name of operation None Date of
What test confirmed diagnosis? Urinalysis 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? If so, specify J. Roy Compton (Signed) 1017 1/2 Page Blvd (Address) M. D.

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.

OCCUPATION
MOTHER
FATHER

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137

