

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township St. Louis

Primary Registration District No.....

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

C 956

Jack Thompton

2. FULL NAME

(a) Residence, No. 5042 Delmar St., 12 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patsy Thompton6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 18987. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
43 9 1 248. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. chauffeur9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hauling Co.

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) Dallas Texas13. NAME William H Thompton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas15. MAIDEN NAME Mary ? UNKNOWN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Hos. Info. M. H. Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Funeral DATE APR 27, 193719. UNDERTAKER Goodheart & Goodheart (ADDRESS) 2249 1/2 Locust Ave20. FILE APR 27 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/25/37, 1922. I HEREBY CERTIFY, That I attended deceased from 4/20/37, 19, to 4/25/37, 19.I last saw him live on 4/25/37, 19. Death is saidto have occurred on the date stated above, at 5 a m.

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

Coronary occlusion
Pulmonary infarct
JH

Other contributory causes of importance:

Syncope

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) Gery S. Bozal, M. D.(Address) City Hospital No. 1

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.

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File No.....
Registered No. 4345
St..... Ward)570.
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