

REC'D APR 1 1938 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

8667
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital
 (a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. 2601 N Whittier St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Thompson 512
 (a) Residence, No. 807 Cardinal St. 21 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 11 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Tennessee

FATHER 13. NAME Harvey Thompson

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

MOTHER 15. MAIDEN NAME Mirian Posey

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

17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickerson DATE 3-7-1938

19. FUNERAL DIRECTOR (ADDRESS) No rights General Home 3100 Eastern Ave.

20. FILED MAR 7 1938 J. D. Bredsch

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 19 38
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 19 38, to March 2, 19 38
 I last saw him alive on March 2, 19 38. Death is said to have occurred on the date stated above, at 9:40a m.
 The principal cause of death and related causes of importance were as follows:

Hypertrophied prostate Date of onset 2/16/38
Chronic nephritis
 Other contributory causes of importance:
1/2/1

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical 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?
 If so, specify.....
 (Signed) James B. Harris, M. D.
 (Address) 2601 N Whittier

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, Chase Gama, Licensed Embalmer No. 2349

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Chase Gama

Licensed Embalmer No. 2349

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)