

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

9173
Do not use this space.

2762

REC'D APR 11 1938

1. PLACE OF DEATH

(a) County _____ Registration District No. _____
 (b) Township _____ Primary Registration District No. _____ Registered No. _____
 (c) City ST LOUIS (d) Street No. DEACONESS HOSPITAL 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

GEORGE WARNER THOMPSON 512

(a) Residence, No. 9746 MIDLAND AVE St. N.R. OVERLAND MO
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 7 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HATTER
 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) JAN - 1938 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BROOKLYN NEW YORK

FATHER 13. NAME JOB THOMPSON
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME EMILY SPAULDING

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

17. INFORMANT (ADDRESS) Grace E. Thompson 9746 Midland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Capt Hill DATE Mar 24 1938

19. FUNERAL DIRECTOR (ADDRESS) Parkey and Co Webster Groves Mo

20. FILER J.D. Budzich MAR 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1935 to March 21 1938

I last saw him alive on March 21 1938. Death is said to have occurred on the date stated above, at 11:27 a.m.

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

Chronic endo-myocarditis
coronary occlusion

Date of onset
 ?
 ?

Other contributory causes of importance: 920

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? No
 If so, specify _____ M. D.
 (Signed) H.G. Pickett
 (Address) 5902 Maple Ave

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

STATEMENT BY LICENSED EMBALMER

I, *e. c. Aldrich*....., Licensed Embalmer No. 1332

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

..... L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed *e. c. Aldrich*.....

Licensed Embalmer No. 1332

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.)