

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9187
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City 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 **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **2776**

2. PRINT FULL NAME **William Thompson** 5/2

(a) Residence, No. **705 South Broadway** St. **22**
 (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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 58

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Candy Maker**
 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) **1929** 11. Total time (years) spent in this occupation **15 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kansas City, Mo.**

13. NAME **William J. Thompson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Mrs Ida Thompson**
 (ADDRESS) **705 S. Broadway**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Kansas City, Mo.** DATE **8-25** 1938

19. FUNERAL DIRECTOR **Albert H. Hoppe, Inc.**
 (ADDRESS) **429 No. Euclid Ave.**

20. FILED 19 **J. D. Brudeck**
 Local Registrar

The Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-22** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **8:00 p.m.**
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
 Other contributory causes of importance:
Arterio Sclerosis

Name of operation Date of operation **8-25**
 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 **Joseph M. Quinn** M.D.
 (Signed) **Joseph M. Quinn** M.D.
 (Address) **Joseph M. Quinn**

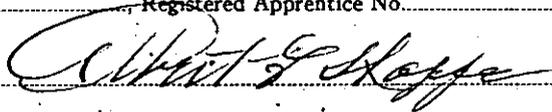
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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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



Licensed Embalmer No. 2971

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.)