REC'D MAY 10 1938

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

12789
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City ST. LOUIS
Registration District No. 791
Primary Registration District No. 1003
Registered No. 3393
(d) Street No. MISSOURI PACIFIC 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 WARREN ALFRED THOMPSON 512
(a) Residence, No. KANSAS CITY - MO St. N.R.
(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): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: EMMA
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MARCH 18-1874
7. AGE: YEARS 64. MONTHS # DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. DINING CAR
9. Industry or business in which work was done, as saw mill, bank, etc. STEWART MO. PAC. R.R.
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): MONTGOMERY CITY MISSOURI

FATHER
13. NAME: RICHARD STEPHEN THOMPSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VIRGINIA

MOTHER
15. MAIDEN NAME: MARISSA OVERSTREET
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VIRGINIA

17. INFORMANT (ADDRESS): FLORELLA THOMPSON GATESWORTH HOTEL
18. BURIAL, CREMATION, OR REMOVAL
PLACE BELLFONTAINE DATE APRIL 12 1938
19. FUNERAL DIRECTOR (ADDRESS): C. R. LUPTON SONS 4449 OLIVE ST
20. FILED APR 11 1938 19 J. F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1938
22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to April 10, 1938
I last saw him alive on April 9, 1938. Death is said to have occurred on the date stated above, at 7:36 P.m.
The principal cause of death and related causes of importance were as follows:
Central Nervous System Lues
Date of onset
Other contributory causes of importance: Toxemia
Name of operation Modified Mikulicz Date of 3-3-38
What test confirmed diagnosis? Wassermann 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? No
If so, specify
(Signed) David A. Goldman, M.D.
(Address) Missouri Pacific Hospital

(Licensed Embalmer's Statement on Reverse Side)

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.

SUM-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, C. R. Lufton, Licensed Embalmer No. 2123

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

L. E.

No. 29011 or by, Registered Apprentice No.

working under my personal supervision.

Signed C. R. Lufton

Licensed Embalmer No. 2123

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.)