REC'D MAY 10 1938

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

12835
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 3439

(c) City St. Louis (d) Street No. St. Luke's Hosp., 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 Elizabeth B. Thompson. 5-12.

(a) Residence, No. 5954 Cates Ave. St. 5

(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: Female.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13th 1863.

7. AGE: Years 74 | Months 4 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

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) St Louis Missouri

FATHER

13. NAME John Barkley

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

MOTHER

15. MAIDEN NAME Mary A. Bland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County Missouri

17. INFORMANT (ADDRESS) Mr Arthur W. Blanks #5954 Cates, Ave.

18. BURIAL, CREMATION, OR REMOVAL Crem. PLACE Bellefontaine DATE 4-13-1938

19. FUNERAL DIRECTOR (ADDRESS) C. R. Lupton & Sons #4449 Olive Street

20. FILED APR 12 1938 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11th, 1938.

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1938, to April 11, 1938. I last saw her alive on April 11, 1938. Death is said to have occurred on the date stated above, at 7:40 p.m.

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

Cerebral hemorrhage — Date of onset 3-24-38

Other contributory causes of importance:
Chron myocarditis
Chron valvular disease
Chron arterio sclerosis - hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Walter Fischel, M. D.

(Address) 3720 Washington

(Licensed Embalmer's Statement on Reverse Side)

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.

Jeff. #8498.

STATEMENT BY LICENSED EMBALMER

I, J. T. Lupton, Licensed Embalmer No. #2122.

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

L. E. Clarence Murray,

No. #4011. or by, Registered Apprentice No.

working under my personal supervision.

Signed J. T. Lupton.

Licensed Embalmer No. #2122.

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.)