REC'D MAY 6 1938

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

15800
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis — Registration District No. 784
(b) Township ~~Clayton~~ — Primary Registration District No. 101 — Registered No. 687
(c) City Clayton — (d) Street No. Overhill Drive 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 Unavailable yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rufus Thompson 512.
(a) Residence, No. Overhill Drive St.
(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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR WIFE OF)~~ Ella Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5, 1884

7. AGE: Years 53 — Months 7 — Days 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Butler
9. Industry or business in which work was done, as saw mill, bank, etc. Private Family
10. Date deceased last worked at this occupation (month and year) April 1938
11. Total time (years) spent in this occupation 2.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tennessee

FATHER
13. NAME John Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tennessee

MOTHER
15. MAIDEN NAME Hannah-Unavailable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Tennessee

17. INFORMANT (ADDRESS) Ella Thompson Overhill Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Apr 18, 1938

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED 4-15, 1938 J. R. Murphy M.D. Local Registrar.
B.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14th, 1938.

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938, to April 14, 1938
I last saw him alive on April 9, 1938. Death is said to have occurred on the date stated above, at 3:15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	4.9.38
Acute pleurisy	4.9.38

Other contributory causes of importance:

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) Anthony B. Ray, M. D.
(Address) 3720 Washington Blvd.

707

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

94 P3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, James A. Johnson ~~XoX By~~

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

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

15-800

Do not use this space.

1. PLACE OF DEATH
(a) County: St. Louis — Registration District No.: 784
(b) Township: — Primary Registration District No.: 101 — Registered No.: 687
(c) City: Clayton (d) Street No.: 7 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: Rufus Thompson
(a) Residence, No. St.
(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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: Years 53 — Months 7 — Days 9 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

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

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED 4-15 1938 E. O. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1938

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

Coronary Thrombosis — Date of onset
94 hrs.

Other contributory causes of importance:
Acute Pleurisy
(Probably secondary to pericardial involvement from acute coronary thrombosis)

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

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) Anthony B. Day M. D.
(Address) 7730 Washington Blvd Clayton Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-15800 1938