REC'D JUL 12 1938

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

20137
Do not use this space.

1. PLACE OF DEATH

(a) County St Louis — Registration District No. 791

(b) Township — Primary Registration District No. 1003 — Registered No. 5276

(c) City St Louis — (d) Street No. Homer Phillips 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 Don Thompson 512

(a) Residence, No. 1105A N. Leonard Ave St. 21
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1902

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
35	11	2	

OCCUPATION

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

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) Kenton Tenn

FATHER

13. NAME John Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Tenn

MOTHER

15. MAIDEN NAME Hanna ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

17. INFORMANT (ADDRESS) Georgie Carter 1105 N. Leonard Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Kenton, Tenn. DATE June 6 1938

19. FUNERAL DIRECTOR (ADDRESS) Ellis Funeral Home 2820 Stoddard St

20. FILED JUN 10 1938 19 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 — 4 1938

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 4:33 P.M.

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

Date of onset

Carcinoma of Esophagus;
Contrib: Multiple bruises of head and body and broken neck, suffered when deceased jumped from window of City Hospital #2, about 4:30 P.M.

Other contributory causes of importance:
June 4th, 1938, while deceased was a patient at the hospital.

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? Suicide Date of injury 6/4/, 19 38

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In Public Place

Manner of injury See Above.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph McDermott, M.D.

(Address) Deputy Coroner

(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.

X12004

STATEMENT BY LICENSED EMBALMER

I, Lonnie Boykin, Licensed Embalmer No. 2946

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

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.)