

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

30943
Do not use this space.

REC'D OCT 12 1938

791

1. PLACE OF DEATH

(a) County Registration District No. **1003**
 (b) Township Primary Registration District No. **1003** Registered No. **8380**
 (c) City **St. Louis** (d) Street No. **Park Plaza**, #**220 N. Kingshighway**, 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 **JOHN GREY THOMSON.**

(a) Residence, No. **Park Plaza, #220 N. Kingshighway.** St. **12** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth, McArthur Thomson.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1873
7. AGE YEARS 64 MONTHS 8 DAYS 26 If LESS than 1 day, hrs or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Christian Science
9. Industry or business in which work was done, as saw mill, bank, etc. Practitioner
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) Ontario, Canada

13. NAME John Thomson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario, Canada.

15. MAIDEN NAME Eliza Taylor.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario, Canada.

17. INFORMANT Mrs. Ralph F. James.
 (ADDRESS) 116 E. 36 St. New York. .

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE Sept. 27th, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C.R. Lupton & Sons. 7233 Delmar, Blvd, University City

20. FILED J. Bredbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25th, 1938

22. I HEREBY CERTIFY, that I attended deceased from Sept. 6, 1938, to Sept. 24, 1938
 I last saw him alive on Sept. 24, 1938 Death is said to have occurred on the date stated above, at 12:30 A. M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Aneurysm
 Date of onset
 Other contributory causes of importance:
 Chronic Pericystitis
 Nephritis
 Hypertension

Name of operation Date of
 What test confirmed diagnosis? Clinical 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) M. D.
 (Address) 6172 Page 1st St

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.

SEP 25 1938

Ca 1010

11-12 A.M.
3-4 P.M.

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,

Clarence H. Murray

or by

Registered Apprentice No., working under my personal supervision.

Signed

Clarence H. Murray

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo*

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.)

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