

DEC 12 1938

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

37464  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 2  
 (b) Township St. Louis Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. 3060 Thomas 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

Burvin Thompson  
 (a) Residence, No. 3060 Thomas St. 21 (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 m 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/16/1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 7 8 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. niel  
 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) Ark. 1

13. NAME Lemuel Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. 1

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

17. INFORMANT (ADDRESS) Alice Seales  
Kinloch

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk. DATE 11-12-1938

19. FUNERAL DIRECTOR (ADDRESS) Boyd Bros. Funeral  
3706 Campbell ave

20. FILED NOV 12 1938 J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1938 to Nov 7, 1938

I last saw him alive on Oct 27, 1938 Death is said to have occurred on the date stated above, at 2 P.M.

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

Cerebral Hemorrhage Date of onset Oct 27

hypertension

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? clear 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) Dr. A. W. ... M. D.

(Address) 2339 ...

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.

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkins, Licensed Embalmer No. 2842

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

**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.)**