

PR 25 1939

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

16055
Do not use this space.

REC'D MAY 11 1939

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.

1. PLACE OF DEATH St. Louis
 (a) County Clayton Registration District No. 784
 (b) Township Clayton Primary Registration District No. 181 Registered No. 747
 (c) City Clayton (d) Street No. St. Louis County 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 Henry Thompson
 (a) Residence, No. 1523 Oak Grove, Wellston, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county of city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 3 9

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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) Bridgeton (STATE OR COUNTRY) Mo.

MOTHER
 13. NAME Hiram Thompson
 14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Jennie Keys
 16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT wife, Annie Thompson (ADDRESS) 1523 Oak Grove, Wellston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bridgeton, Mo. DATE 4-29-39

19. FUNERAL DIRECTOR (NAME) Russell Und. Co. (ADDRESS) 2732 Pine St. St. Louis, Mo.

20. FILED APR 25 1939 W. R. Meyer, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24-39

22. I HEREBY CERTIFY, That I attended deceased from 4-11-39 19... to 4-24-39 19...
 I last saw him alive on 4-24-39 19... Death is said to have occurred on the date stated above, at 2:00 P. M.
 The principal cause of death and related causes of importance were as follows:
Prostatic Hypertrophy
Acute Urinary Retention
P. Indirect Cerebral Anemia
 Date of onset 4/17/39
1936

Other contributory causes of importance: 1 2 2 2 2

Name of operation Prostatectomy 4/17/39 Date of 4/19/39
 What test confirmed diagnosis? Yes Was there an autopsy? Yes

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 James David M. D.
 (Signed) St. Louis County Hosp. (Address)

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

Signed.....

Licensed Embalmer No.....

P.O. Address.....

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.