

REC'D JUN 12 1939

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

17332

Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No..... 791
(b) Township..... Primary Registration District No..... 1003
(c) City ST. LOUIS, MO. (d) Street No. BARNES 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.

Registered No. 4866

2. PRINT FULL NAME THOMPSON, JOHN OSBORNE

(a) Residence, No. (Usual place of abode, if no street address, write county or city) NR St. FESTUS, MO.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27th, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 5 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) 2 weeks. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.FATHER 13. NAME J. Thompson.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk'n.MOTHER 15. MAIDEN NAME Unk'n.

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

17. INFORMANT (ADDRESS) Mrs. G. S. Brooks.
Festus Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Festus Mo. DATE May 31, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) A.H. Hoppe Inc.
4700 Washington Ave.20. FILED MAY 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 28, 193922. I HEREBY CERTIFY, That I attended deceased from 5-13- 1939, to 5-28- 1939I last saw him alive on 5-28- 1939. Death is said to have occurred on the date stated above, at 9:20 p. m.

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

Prostatic hypertrophy, benign
Atherosclerosis of heart disease Date of onset ?

Other contributory causes of importance:

Hemorrhage, post-operative 5-22-39

Name of operation Transurethral resection Date of 5-22-39What test confirmed diagnosis? Exam 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) Emmett B. Dreecher M. D.
(Address) BARNES HOSPITAL

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.....

Guy W Wilkinson

Licensed Embalmer No.....

3575

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.