

Registration District No. 291

Primary Registration District No.

## 1. PLACE OF DEATH:

- (a) County **1003**
- (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
**Homer Phillips**  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution **Jan. 13, 1939**  
(Specify whether)
- In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Emanuel Thompson**3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. **492-05-8692**

4. Sex **M** 5. Color or race **C** 6. (a) Single, widowed, married,  
divorced **Married**
6. (b) Name of husband or wife **Gussie Thompson** 6. (c) Age of husband or wife if  
alive **29** years
7. Birth date of deceased **August 23, 1905**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**33** **10** **1** hr. min.9. Birthplace **Arkansas**  
(City, town, or county) (State or foreign country)10. Usual occupation **Truck driver**11. Industry of business **Inland Valley Coal Co**12. Name **Emanuel Thompson**13. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)14. Maiden name **Luella Harris**15. Birthplace **Alabama**  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Gussie Thompson**(b) Address **3014 a lucas Ave**17. (a) **Removal** (b) Date thereof **6/28/39**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Little Rock Ark**18. (a) Signature of funeral director **J. H. Randle**(b) Address **3133 Bell Avenue**19. (a) **JUN 27 1939** (b) **J. D. Brubaker**  
(Date received local Registrar) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County \_\_\_\_\_
- (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")
- (d) Street No. **3014a Lucas**  
(If rural, give location)
- (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**  
year **1939** hour **6** minute **15** a. M.21. I hereby certify that I attended the deceased from **Jan. 3, 1939**  
to **June 24, 1939**,  
that I last saw him alive on **June 24**, 19**39**,  
and that death occurred on the date and hour stated above.Immediate cause of death  
**Pulmonary tuberculosis** Duration  
**6 mo.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Intestinal tuberculosis**  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy **see cause of death**

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_
- (b) Date of occurrence \_\_\_\_\_
- (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury23. Signature **Wallace Feigal** (M. D. or other) \_\_\_\_\_  
Address **2601 N. Whitney** Date signed **6/24/39**

