

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

Registration District No. 709

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town ST LOUIS MO  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1133 N LEONARD AVE  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME ELIZABETH THOMPSON  
 3. (b) If veteran, name war NONE  
 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race COL  
 6. (a) Single, widowed, married, divorced SINGLE  
 6. (b) Name of husband or wife NONE  
 6. (c) Age of husband or wife if alive NONE years  
 7. Birth date of deceased NOV 24 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>3</u>	<u>22</u>	hr. min.

9. Birthplace CAPE GIRODEAU MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

MOTHER FATHER  
 12. Name HENRY THOMPSON  
 13. Birthplace BALTIMORE MARYLAND  
(City, town, or county) (State or foreign country)  
 14. Maiden name ROSA BELLA STEVENSON  
 15. Birthplace FREDRICK TOWN MO  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mattie Deuel

(b) Address 1033 N Leonard Ave

17. (a) Burial (b) Date thereof Mar 20 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation calvary

18. (a) Signature of funeral director C. W. Roberts

(b) Address 3035 Luesse Ave

19. (a) MAR 10 1940 (b) J. P. [Signature]  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
 (c) City or town ST LOUIS 21  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1133 N LEONARD AVE  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17<sup>th</sup>  
 year 1940 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from March 13  
 1940 to March 17, 1940  
 that I last saw her alive on March 17, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Decompensation  
Myocarditis, Choleste  
 Duration 5 days  
?

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

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

Other conditions [Signature]  
(Includes pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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)

23. Signature Herman W. Meyer (M. D. or other) MD  
 Address 508 N. Grand Date signed 3/18/40

**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 Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address Po 28 Dickson St

**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.**