

LED MAY 8 1947 84

Registration District No. \_\_\_\_\_

Primary Registration District No. 106

Registrar's No. 783

1. PLACE OF DEATH  
St. Louis  
(a) County Kirk Wood  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Nil 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not Known (Specify whether  
In this community Not Known years, months or days)

3. (a) PRINT FULL NAME Millie A. Thompson 512  
8. (b) If veteran, No name war. 3. (c) Social Security No. ?

4. Sex Female race Col. 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 3, 1976 (Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Bristol, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation General Housework HOME (State or foreign country)

11. Industry or business \_\_\_\_\_

12. Name Jack Thompson

13. Birthplace ? (City, town, or county) (State or foreign country)

14. Maiden name ?

15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pearl Smith  
(b) Address 316 W. Mc Culough St.

17. (a) Burial (b) Date thereof April 23, 1947 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director C. J. Young  
(b) Address 2620 Layton

19. (a) APR 22 1947 (b) [Signature] (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. 0 (b) County St. Louis  
(c) City or town Kirkwood (If outside city or town limits, write "RURAL")  
(d) Street No. 316 Mc Culough Ave. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? No years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 19 year 40 hour 5 minute M.

21. I hereby certify that I attended the deceased from 22 1940 to 4 19 1940 that I last saw him alive on 4 9 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular insufficiency

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

Other conditions nephritis (Include pregnancy within 3 months of death)

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

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 injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 4559 W. Emerald Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

1 X 13511

920

**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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16048

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 786

Primary Registration District No. 126

Registrar's No. 783

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (Specify whether)  
years, months or (days)

3. (a) PRINT FULL NAME Millie A. Thompson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race B

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

8. AGE: Years 64 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one year \_\_\_\_\_ min.

9. Birthplace: (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace: (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name \_\_\_\_\_

15. Birthplace: (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 4-22-40 (b) J.R. May (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill

(c) City or town Kirkwood Mo  
(If outside city or town limits write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

20. DATE OF DEATH: Month Apr. day 19- year 40

21. I hereby certify that I attended the deceased from 29 6th M. 1940 to 4 19 1940 that last saw her alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular Insuff -

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

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

Other conditions (Include pregnancy within \_\_\_\_\_ months of death): nephritis acute

Contributing cause: La grippe

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

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

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 injury \_\_\_\_\_

23. Signature H. L. Perry (M. D. or other) \_\_\_\_\_

Address 44521 Kennedy Date signed \_\_\_\_\_

SUPPLEMENTARY

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

