DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26256

FILED AUG 5 1940

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1314

1. PLACE OF DEATH:
(a) County Saint Louis M
(b) City or town S. Kinloch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson nr Scudder Aves
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St.Louis
(c) City or town So.Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. Jackson & Scudder Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME JENNIE THOMPSON 512

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 Married

6. (b) Name of husband or wife Lemuel Thompson

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 3/1/1890 (Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 12 If less than one day ____ hr. ____ min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name William Montgomery
13. Birthplace Missouri. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma White
15. Birthplace Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lemuel Thompson
(b) Address Jackson nr Scudder Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/18/40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Cem. E.St.Louis Ill

18. (a) Signature of funeral director Boyd Bros Funeral Hm
(b) Address 1111 Lindell Blvd St. Louis Mo.

19. (a) OUT 15 1940 (Date received local registrar) (b) Rex Mayes M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1940 hour 1 minute 15 a.m. p.m.

21. I hereby certify that I attended the deceased from July 6 1940, to July 13 1940, that I last saw her alive on July 13 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to Chronic interstitial nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy B1

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. A. Layey (M. D. or other)
Address 8 Kinloch Park Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 1 X19511

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.