No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12552 ~~2982~~

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis Mi (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution abt 24 hours (Specify whether years, months or days) In this community Unavailable

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town Saint Louis, (If outside city or town limits, write "RURAL") 11 9
(d) Street No. 4409 Evans Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Chionia Elizabeth Thompson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Andrew Thompson
6. (c) Age of husband or wife if alive link years
7. Birth date of deceased Unavailable Abt. 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Abt. 44	?	?	hr. min.

9. Birthplace Snow Lake (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Cook
11. Industry or business Private Family

MOTHER FATHER
12. Name Thomas F. Peterson
13. Birthplace Snow Lake (City, town or county) Arkansas (State or foreign country)
14. Maiden name Henrietta Stevens
15. Birthplace DeKalb (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant William B Peterson
(b) Address 4409a Evans Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Chas Wales
(b) Address 4107 Finney Avenue
19. (a) APR 14 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2, year 1941 hour 4 minute 50 P. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Aortic stenosis with chronic Myocardial fibrosis; CONTRIB: Chronic Adhesive pericarditis Chronic Interstitial Nephritis. Duration

Due to

Due to

Other conditions (Include 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) (e) Means of injury

23. Signature Thomas F Callaron (M. D. or other)
Address 1300 Clark Avenue Date signed 4/7/41

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.