

No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12865
3295
State File No.
Registrar's No.

MAY 13 1941 791

Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo
(c) Name of hospital or institution St Lukes Hospital
(d) Length of stay: In hospital or institution
In this community

3. (a) PRINT FULL NAME William Edison Thompson
(b) If veteran, name war none
(c) Social Security No. none

4. Sex M Color or race W
5. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Elizabeth Thompson
(c) Age of husband or wife if alive 21 years 1883
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 24
If less than one day hr. min.

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

10. Usual occupation Insurance Business

11. Industry or business

MOTHER FATHER { 12. Name John T. Thompson
13. Birthplace Nodawa County, Mo
14. Maiden name Roxelana Dittmore
15. Birthplace Nodawa County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter W. Head
(b) Address Park Plaza Hotel, St. Louis, Mo.

17. (a) removal (b) Date thereof 4/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Missouri
(d) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar, Blvd.

19. (a) APR 16 1941 (b) J. H. Bruback
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Kennett, Mo.
(d) Street No. none
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 15
year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr. 13 1941, to Apr. 15 1941,
that I last saw him alive on Apr. 15 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarct Duration 3 days
Due to coronary artery 3 wks.
Due to acute myocardial infarct 3 wks.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy above
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 J. H. Bruback (M. D. or other) M.D.
Address St Louis, Mo. Date signed 4-15-41

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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.....

Clarence H. Murray

Licensed Embalmer No.

4011

P. O. Address.....

St. Louis, Mo

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, fact should be so stated above.