

No. 2
-13-40
-17-39
X23152

FILED AUG 28 1941
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution 1438 Clinton
(d) Length of stay: In hospital or institution 5 years
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(d) Street No. 1438 Clinton Street.
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Vernon Lee Thompson,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Jan. 15th/ 1936
(Month) (Day) (Year)

8. AGE: Years 5 Months 6 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace St/ Louis, Mo. (City, town, or county) (State or foreign country) U

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Newman Ross Thompson
13. Birthplace Missouri
14. Maiden name Irene Smith
15. Birthplace Ills.

16. (a) Informant Newman Ross Thompson
(b) Address 1438 Clinton St.

17. (a) Burial (b) Date thereof 7-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frieden Cemetery

18. (a) Signature of funeral director Henry Leidner Und.
(b) Address 2223 St. Louis Ave.

19. (a) JUL 29 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th
year 1941 hour 6:15 minute 0 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 Electrocution when he grabbed hold of a live light socket on a lamp
Due to improved extension at his home 1438 Clinton St about 6:15 P. M. July 27th 1941

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

Major findings: 1939
Of operations _____
Of autopsy _____

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) Accident
(b) Date of occurrence July 27th 1941
(c) Where did injury occur? St. Louis, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home

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

23. Signature Thomas F. Callahan (M. D. or other) 2
Address Deputy Coroner Date signed 7/29/41

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

John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 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, fact should be so stated above.