S. No. 2
M—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 939
Primary Registration District No.
Registrar's No. 428

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-22-41 to 1-12-42 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Washington
(c) City or town: Mineral Point R-1 (If outside city or town limits, write "RURAL")
(d) Street No. 110 (If rural, give location) 00
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Hilda Thompson
3. (b) If veteran, name war: —
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sherman
6. (c) Age of husband or wife if alive: 40 years
7. Birth date of deceased: 3 (Month) - 6 (Day) 1901 (Year)
8. AGE: Years: 41 Months: 3 Days: If less than one day hr. min.
9. Birthplace: Poplar Bluff, Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Ola Long
15. Birthplace: Poplar Bluff, Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Sherman Thompson
(b) Address: Mineral Point, Mo Rt-1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 14-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Hopewell, Mo
18. (a) Signature of funeral director: Sparks Funeral Home
(b) Address: Potosi Mo
19. (a) JAN 14 1942 (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12 year 1942 hour 9 minute 10 A.M.
21. I hereby certify that I attended the deceased from December 22, 1941, to January 12, 1942, that I last saw her alive on January 12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Edema
Peripheral Vascular Failure — Duration
Due to: Right Premotor Cortex Excision on 1/6/42
Due to: Paralysis Agitans — Indef.
Other conditions: Obesity and P.O.
(Include pregnancy within 3 months of death)
Ventral Hernia
Major findings: Of operations: None
Of autopsy: Slight cerebral edema, some pulmonary congestion, mod. splenomegaly

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: J. Ernest Jensen (M. D. or other) MD
Address: Firmin Desloge Hospital Date signed 1/12/42

(Licensed Embalmer's Statement on Reverse Side) J. Ernest Jensen, M.D.

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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.....

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, fact should be so stated above.