V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13121

FILED MAY 7 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3647

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1315 Semple Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6 000 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1315 Semple Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME LAURA MAYHEW THOMPSON

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife C. A. Thompson

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased February (Month) 6, (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	2	16	hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Fred A. Mayhew
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Crosby
15. Birthplace (City, town, or county) New York State (State or foreign country)

16. (a) Informant C. A. Thompson
(b) Address 1315 Semple

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 4/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Alexander + Sons
(b) Address 6175 Delmar Blvd.

19. (a) APR 24 1942 (Date received local registrar) (b) J. F. Budick (Registrar's signature) 844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1942 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan. 15, 1942, to April 22, 1942, that I last saw her alive on April 22, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma-uterus	2 yrs
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) MD

Address 402 Lister Bldg Date signed 4-23-42

(Licensed Embalmer's Statement on Reverse Side)

Dr Victor Kieffer
4500 Olive FO 3800
12:30-3 Thurs. & Sat.

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 Raymond L. Morris, Registered Apprentice No. 290, working under my personal supervision.

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Dillmay 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.