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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23177

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6417

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Days (Specify whether years, months or days)
In this community 40yrs.

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 25
(If outside city or town limits, write "RURAL")

(d) Street No. 107 North Sixth St.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----- O

3. (a) PRINT FULL NAME Lou Thompson

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased March 17, 1878 (Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation News Vender

11. Industry or business Unknown

FATHER
12. Name James Thompson
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Margaret McCartney
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Ann P. Morrison
(b) Address St. Louis City Hospital

17. (a) Anatomical Board (Burial, cremation, or removal) Date thereof 7 8 42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Luhrs
(b) Address 2500 Potter

19. (a) JUL 30 1942 (Date received local registrar) (b) J. F. Budde (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30, year 1942 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1942 to June 30, 1942 that I last saw her alive on June 30, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Duodenal Ulcer	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
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 M. D. Johnson (M. D. or other)
Address 1515 Lafayette Ave. Date signed 7/1/42

844 (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.....

....., 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.