S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32497

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8869

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:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 23

(c) City or town St. Louis, 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1515 S. 3rd
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Wesley Thompson

3. (b) If veteran, name war none,

3. (c) Social Security No. none

4. Sex Male 2

5. Color or race Colored

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

6. (b) Name of husband or wife Mrs. Roste Thompson,

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April (Month) 14th (Day), 1874. (Year)

8. AGE:

Years	Months	Days	If less than one day
68	6	6	hr. min.

9. Birthplace Canton, (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Laborer,

11. Industry or business Porter-Grocery Store.

FATHER
12. Name Scott Thompson,
13. Birthplace Canton, (City, town, or county) Miss. 1 (State or foreign country)

MOTHER
14. Maiden name Leah Jane Roberts,
15. Birthplace Canton, (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant Leo Huntley
(b) Address 1810 Papin Street,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 10/26/42. (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery,

18. (a) Signature of funeral director A. H. Burks
(b) Address 1619 S. 3rd Street,

19. (a) OCT 26 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20, year 1942 hour 12 minute 55 P. M.

21. I hereby certify that I attended the deceased from September 25, 1942 to October 20, 1942 that I last saw him alive on October 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prob. Carcinoma of Colon	Unknown
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 S. E. Smith D (M. D. or other)
Address 2601 Whittier Date signed 10/22/42

(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

My self, Registered Apprentice No.

working under my personal supervision.

Signed R. Ostenston Jr.

Licensed Embalmer No. 2266

P. O. Address 2812, Thomas St

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.