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39411

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 13 1949

Registration District No.

Primary Registration District No. 1007

Registrar's No. 10930

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
918 Mound St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 926
 (d) Street No. 918 Mound St.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Bessie Thompson

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

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

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

7. Birth date of deceased abt. 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>abt</u>	<u>72</u>			hr. min.

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

10. Usual occupation..... unk

11. Industry or business.....

MOTHER FATHER

12. Name..... unknown

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

14. Maiden name..... unknown

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

16. (a) Informant James J. Fitzgibbon

(b) Address 1300 Clark

17. (a) Antonia Boyd (b) Date thereof 12-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worthington V.

18. (a) Signature of funeral director..... W. White

(b) Address 500 Patton St

19. (a) DEC 29 1942 (b) J. F. Ardesh
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 32
 year 1942 hour 3 minute 05 P.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.....

Coronary Sclerosis
Arterio Sclerosis

Due to.....

Due to.....

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

Major findings:
 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).....

(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?.....

While at work?.....
(Specify type of place) (b) Means of injury

23. Signature Alfred Perry (M.D. or other) B

Address 1211/42 Date signed 12/11/42

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.