

FILED MAR 10 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1841**

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Days**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **100**
(c) City or town **St. Louis** **12**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **2219 Chouteau**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **20**,
year **1943** hour **3:55** minute **P.** M.
21. I hereby certify that I attended the deceased from **February**
17, 19 **43** to **February 20**, 19 **43**,

that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar**
Pneumonia (h.b.t.) - type III Pu.

Due to **Septicemia - type III Pneumococci**

Due to.....

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

Duration

PHYSICIAN

Major findings:
Of operations.....

Of autopsy **No permit**

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)
(e) Means of injury.....

23. Signature **William K. Leou** (M. D. or other).....
Address **1515 Lafayette Avenue**, Date **2/23/43**

3. (a) PRINT FULL NAME **James Henry Thompson**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Unknown**

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

7. Birth date of deceased **December 27 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 **1** **23** hr. min.

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

10. Usual occupation **None**

11. Industry or business.....

MOTHER FATHER { 12. Name **Henry Thompson**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Ann Morrison**
(b) Address **City Hospital #1**

17. (a) **Burial** (b) Date thereof **Feb 25 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Petz Brothers**
(b) Address **3029 Lafayette Ave**

19. (a) **FEB 24 1943** (b) **J. F. Probst**
(Date received local registrar) (Registrar's signature)

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

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 *Frank J. Quinn*

Licensed Embalmer No. *2248-*

P. O. Address *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.