S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1943

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

4857

State File No.

Registrar's No. 1367

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
3830 Greer Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 10yrs

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County 17 009

(c) City or town St. Louis 510
(If outside city or town limits, write "RURAL")

(d) Street No. 3830 Greer Ave
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Sherry G Thompson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles

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

7. Birth date of deceased Sept (Month) 11th. (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
82	4	28	hr. min.

9. Birthplace New Orleans (City, town, or county) La. / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Bartholomew LaCari
13. Birthplace New Orleans (City, town, or county) La. / (State or foreign country)

MOTHER
14. Maiden name Rose Clark
15. Birthplace New Orleans (City, town, or county) La. / (State or foreign country)

16. (a) Informant Glorine Mrs Glorine Poget
(b) Address 3830 Greer Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd.

19. (a) FEB 11 1943 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9th. year 1943 hour 7:00 PM minute M.

21. I hereby certify that I attended the deceased from 9-7- 1940 to 2-9- 1943; that I last saw h. alive on 2-9-43 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	1/2 hr.
Due to: Hypertension, Malignant	?
Due to: Arteriosclerosis, General	?
Other conditions: Myocarditis, Chronic (Include pregnancy within 3 months of death)	?

Major findings:
Of operations: none
Of autopsy: none

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) No
(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 Nicholas S Vitale (M.D. or other) M.D.
Address 3861 St Louis Ave Date signed 2/10/43

(Licensed Embalmer's Statement on Reverse Side)

Dr Vitalie
3861 St Louis
1-3 pm

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: Homer W. Fritz

Licensed Embalmer No. 3882

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.