S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8855

State File No.

Registration District No. 818 Primary Registration District No. 1003 Registrar's No.

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: 4962 Maple Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 12 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 2720

(a) State Mo. (b) County 000

(c) City or town St. Louis 17 12
(If outside city or town limits, write "RURAL") 9

(d) Street No. 4962 Maple Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Frank Covert Thompson

3. (b) If veteran, name war

4. (c) Social Security No. 497-07-1105

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Loretta Thompson

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Dec. 7th., ~~1895~~ 1896
(Month) (Day) (Year)

8. AGE: Years 46 ~~47~~ Months 3 Days 13 If less than one day hr. min.

9. Birthplace Rockford (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name John Thompson
13. Birthplace DONT KNOW (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Belle Covert
15. Birthplace DONT KNOW (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Loretta Thompson
(b) Address 4962 Maple Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address MAR 22 1943 3840 Lindell Blvd.

19. (a) (Date received local registrar) (b) J. F. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th., year 1943 hour 10 minute 25 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 Occlusion Arterio sclerosis

Due to 94a

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? (Specify type of place)

While at work? (e) Means of injury

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

Address [illegible] Date signed 3/22/43

(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 W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.