

FILED JUN 25 1943
Registration District No. 318

Primary Registration District No. 1003

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:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 26 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 22
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2825 Bernard St 1000
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charlotte Thompson

3. (b) If veteran, name war 0 (c) Social Security No. 0

4. Sex Female Color or race Col

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

6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased Jan 13 1878
(Month) (Day) (Year)

8. AGE: Years Months Day 65 4 28 If less than one day hr. min.

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

10. Usual occupation House Work at Home

11. Industry or business 0

12. Name Wesley Mc Dule

13. Birthplace Miss
(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 James Moody

(b) Address 2825 Bernard St

17. (a) Burial, cremation, or removal Burial (b) Date thereof June 18, 1943
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director F. R. Green

(b) Address 2915 Franklin Ave

19. (a) JUN 18 1943 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1943 hour 16 minute 30 M.

21. I hereby certify that I attended the deceased from June 12 1943 to June 12 1943 that I last saw her alive on June 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma

Due to Hypertensive Nephrosclerosis

Due to 1/2/1

Other conditions (Include pregnancy within 3 months of death) 0

Major findings: Of operations 0

Of autopsy 0

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) 0
(b) Date of occurrence 0
(c) Where did injury occur? (City or town) (County) (State) 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (e) Means of injury 0

23. Signature W. L. Pugh (M. D. or other) 0
Address 2316 Maple St Date signed 6/18/43

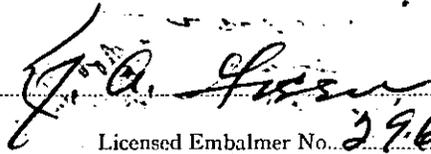
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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. 2963

P. O. Address. 2915 Franklin Ave

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.