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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 3 1943 318

1005

5709

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, 28 days
In this community Unk. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1431 Linden - 7
(If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Harry Thompson

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

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 70 hr. min.

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

MOTHER FATHER
10. Usual occupation
11. Industry or business Laborer

12. Name Mason Thompson
13. Birthplace Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Turner
15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier

17. (a) Burial (b) Date thereof JUN 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Marschner
(b) Address City Health Dept

19. (a) JUN 24 1943 (b) J. F. Budeck
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4,
year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 6, 1943 to June 4, 1943;
that I last saw him alive on June 4, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of Stomach--Complete Pyloric Obstruction
Due to Unk.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) None

Major findings:
Of operations
Of autopsy
PHYSICIAN Unk.
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 C. R. Mearns (M. D. or other) 6/21/43
Address 2601 N. Whittier Date signed 6/21/43

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.....

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.