S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20089

Registration District No. FILED JUL 8 1943

Primary Registration District No. 1003

Registrar's No. 5967

1. PLACE OF DEATH:

(a) County St. Louis, Missouri/.

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

(c) Name of hospital or institution: St. Lukes Hospital. 0 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis, 5 (If outside city or town limits, write "RURAL") 00

(d) Street No. #5673 Enright Avenue. 17 (If rural, give location)

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

If yes, name country 0 1

3. (a) PRINT FULL NAME SYDNEY H. THOMSON.

3. (b) If veteran, name war NONE.

3. (c) Social Security No. NONE.

4. Sex Male. 0

5. Color or race White.

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

6. (b) Name of husband or wife Celia M. Thomson.

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased October (Month) 6th, (Day) 1861. (Year)

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

9. Birthplace Southport, (City, town, or county) England. 4 (State or foreign country)

10. Usual occupation (Retired) President of

11. Industry or business Provident Chemical Co.,

FATHER
12. Name James Sword Thomson
13. Birthplace Manchester, (City, town, or county) England. 4 (State or foreign country)

MOTHER
14. Maiden name Harriet Hodgson
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Harry F. Thomson.

(b) Address 5673 Enright Ave.,

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 7/1/43. (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.,

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address #7233 Delmar Boulevard.

19. (a) JUN 29 1943 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th, year 1943. hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from 1927, to June 27, 1943 that I last saw him alive on June 28, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Parkinson's Disease	
Due to Senilis - Bronchial Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Not reported	

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 Frank D. Yorker (M. D. or other) 0

Address Sutt Bld 45-00 Olive Date signed 6/29/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank D. Gorham.
4500 Olive Street.
FO: 3800.
10 - 12.
afternoons by appointment.

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 Paul Lemmer Registered Apprentice No. 351, working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No.: 2901

P. O. Address University City

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.