

D OCT 2 - 1943 318  
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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: ST. MARYS. HOSPITAL Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days (Specify whether  
In this community 17 days years, months or days)

8. (a) PRINT FULL NAME Roland Austell Thompson

3. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex M. 5. Color or race negro 6. (a) Single widowed, married, divorced (1)

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If  
alive \_\_\_\_\_ years

7. Birth date of deceased Sept 4 - 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 17 If less than one day, \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name ISAAC Thompson

13. Birthplace Waco Texas  
(City, town, or county) (State or foreign country)

14. Maiden name MATTIE H. ESTES

15. Birthplace Brownsville, Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie H Thompson

(b) Address 3862 Windsor Place

17. (a) Buried (b) Date thereof 9-27-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mauro Adams

(b) Address 3849 Windsor Place

19. (a) SEP 27 1943 (b) J. A. B...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3862 Windsor Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21  
year 1943 hour 12 minute 38 P. M.

21. I hereby certify that I attended the deceased from 9-14  
1943, to 9-21, 1943;

that I last saw him alive on 9-21, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Infantile Diarrhea  
Selerema

Due to \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 119  
(Include pregnancy within 5 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy No gross findings

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 W. R. Williams (M. D. or other) MD  
Address 1526 Park Date signed 9-24-43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 F. A. GREEN

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

**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, above space should be left blank.**