

S. No. 2
M-2.43
5-17-39
PI X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33599**
Registrar's No. **9379**

FILED NOV 1 1943 318

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(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

3. (a) PRINT FULL NAME Thompson, Frank F.
3. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel B. Thompson 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased August 2 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Teacher

11. Industry or business Educational

12. Name of father Richard R. Thompson

13. Birthplace of father Unknown (City, town, or county) Pennsylvania (State or foreign country)

14. Maiden name of mother Henrietta Leamer

15. Birthplace of mother Unknown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mrs. F. Thompson

(b) Address Springfield, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-23-43 (Month) (Day) (Year)
Neudde

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 25 1943 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 820 S. National (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23 year 1943 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from Oct. 15, 1943 to Oct. 23, 1943; that I last saw him alive on Oct. 23, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days

Due to Cause undetermined

Due to 10/17

Other conditions Benign Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Major findings: Terminal Bronchopneumonia

Of operations: Benign Prostatic Hypertrophy

Of autopsy: Hypertrophy

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? _____

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

23. Signature Wattenberg (M. D. or other)

Address BARNES HOSPITAL Date signed 10/23/43

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

MOTHER FATHER

JAN 4 1944

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

John Gonoske

Licensed Embalmer No. *3398*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Greene } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this _____ day of January, 1944, before me appears.....

Mrs. Ethel Thompson, who, upon her oath, states that the original record of ~~birth~~ ^{death}
for Frank F. Thompson died ^{born} October 23, 1943, in the State of
Missouri, and which was filed at St. Louis, Missouri on Oct. 25, 1943, should be corrected as follows:

Item No. 17 (c) should read Nevada, Missouri

Instead of Springfield, Missouri

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Ethel B. Thompson - Wife
Relationship.

820 South National
Present Address.

Subscribed and sworn to before me this 14th day of January, 1944

My Commission expires Dec 6, 1944 Lewis G. Schupp Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

33599