No. 2
1—2-43
5-17-39
1 X35697

96
0
0

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. 35849

FILED OCT 10 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2270

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ballwin Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest nursing homes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 1 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5062a Union
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Carrie Thompson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife N. W. Thompson
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Oct. (Month) 3 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
75	Oct.	3	X hr. 3:00 min.

9. Birthplace St. Louis Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Unknown
11. Industry or business Unknown
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Pine Crest Home
(b) Address Ballwin, Missouri
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct. (Month) 9 (Day) 43 (Year)
(c) Place: burial or cremation W. EVANGELICAL LUTHERN
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av
19. (a) OCT 9 1943 (Date received local registrar) C. S. McGavron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6th
year 1943 hour 7:45 minute A. M.
21. I hereby certify that I attended the deceased from Sept. 6th 1943 to Oct. 6 1943;
that I last saw her alive on Oct 5 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis decompensation	
Due to	
Due to	
Other conditions arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
Of autopsy	

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 0
23. Signature B. R. Loving (M. D. or other) mo
Address Ballwin, Mo. Date signed 10-6-43

107

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis Mo.

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.