

S. No. 2
OM-543
v. 17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13427**
Registrar's No. **3761**

FILED MAY 31 1948
Registration District No. **31948**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin-Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Months**
In this community **Life**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **00023**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1046 Park Ave.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Thompson, Shirley**
(b) If veteran, name war.....
(c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **21**
year **1944** hour **4:15** minute **P.** M.
21. I hereby certify that I attended the deceased from **March 13th**, 19 **44** to **April 21**, 19 **44**.
that I last saw her alive on **April 21st**, 19 **44**.
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
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: **April 26 1930**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
13 **11** **25** hr. min.
9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **School Girl**
11. Industry or business.....
12. Name **Robert Thompson**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Evelyn Mueller**
(City, town, or county) (State or foreign country)
15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Thompson**
(b) Address **1046 Park Ave.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **April 24/44**
(Month) (Day) (Year)
(c) Place: burial or cremation **Old S.S. Peter & Paul**
18. (a) Signature of funeral director **Thord Little & Son**
(b) **APR 23 1944** **2906 Gravois Ave.**
19. (a) **APR 23 1944** (Date received local registrar) (b) **J. F. Burdick** (Registrar's signature)

Immediate cause of death **Uremia**
Due to **Chronic nephritis** **Glomerulo**
Other conditions **1/31**
Major findings:
Of operations.....
Of autopsy.....

Duration **July '43**
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) (b) Means of injury.....
23. Signature **Misses O. H. ...** (M. D. or other) **0**
Address **1325 So Grand Blvd.** Date signed **4/23/44**

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

David Ten Farrow

Licensed Embalmer No. 4242

P. O. Address. 2906 Garrison

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.