

FILED MAY 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15857

State File No. _____

Registration District No. 077

Primary Registration District No. 6076

Registrar's No. 1050

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fine Crest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months 2 days
(Specify whether years, months or days)
In this community 2 months - 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Manchester
(If outside city or town limits, write "RURAL")
(d) Street No. Manchester Rd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Omar B. Thompson

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Mary Thompson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March 16 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Indianapolis Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Box Worker

11. Industry or business Columbia Box Co.

MOTHER FATHER { 12. Name John M. Thompson
13. Birthplace Greenwood Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Clara Smith
15. Birthplace Greenwood Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence P. Thompson

(b) Address 1317 Judson Ave. - Evanston, Ill.

17. (a) Burial (b) Date thereof 5-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Kriegshausler Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 8 - 1944 (b) E. J. McGarran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1944 hour 10 minute 40 A. M.

21. I hereby certify that I attended the deceased from March 2nd 1944 to May 5th 1944
that I last saw him alive on May 4th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions Bronchial Asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 9/30

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 injury)
While at work _____ (c) Means of injury _____
Signature R. J. Gausson (M. D. or other) _____
Address Manchester Mo Date signed 5/8/44

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

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 *Richard W. Howard*

Licensed Embalmer No. *4007*

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.