

FILED JAN 22 1945

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 172

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

1. PLACE OF DEATH:

(a) County ST CHARLES  
 (b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
803 S. Main Street  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
 (c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 803 S. Main Street  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

George A. Thompson

3. (b) If veteran, name war None  
 3. (c) Social Security No. 702-12-707

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th  
 year 1944 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from AUG 2  
1944 to 11-25- 1944  
 that I last saw him alive on 11-25- 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
PULMONARY EDEMA  
BRONCHO PNEUMONIA  
 Due to CORONARY OCCLUSION

Duration  
1 DAY  
1 DAY  
3 MOS

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mary Elizabeth Brown  
 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased April 11, 1877  
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 14  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business Railroad

MOTHER FATHER { 12. Name Spraul Thompson  
 { 13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Elizabeth Vandever  
 { 15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Thompson  
 (b) Address St. Charles, MO

17. (a) Burial (b) Date thereof Nov. 27, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Hedemann - Baum  
 (b) Address 326 N. 6th St. St. Charles, MO

19. (a) Nov 27 1944 (b) Ernest E. Paul  
(Date received local registrar) (Registrar's signature)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: gla  
 Of operations \_\_\_\_\_  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (Means of injury)  
 23. Signature St. Charles, MO (M. D. or other) M.D.  
 Address \_\_\_\_\_ Date signed 11/27/44

MAR 27 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-20-45

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 Arthur C. Bane

Licensed Embalmer No. 3157

P. O. Address St Charles 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.