V. S. No. 2
00M—5-43
ev. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4899

FILED FEB 16 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1111

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5418 Holly Hills
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5418 Holly Hills
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Mae Thompson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W.
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 10 (Month) 25 (Day) 1899 (Year)
8. AGE: Years 35 ~~48~~ Months 3 Days 8 If less than one day hr. min.
9. Birthplace Kirkwood, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER 12. Name Risty M Thompson
13. Birthplace Ill. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Leona Eikenberry
15. Birthplace Ind. (City, town, or county) (State or foreign country)
16. (a) Informant Donald Thompson
(b) Address 7161 Wellington Ct
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-1945 (Month) (Day) (Year)
(c) Place of burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director C Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa, St. Louis, Mo.
19. (a) FEB 5 1945 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3 year 1945 hour 5 minute 15 A.M.
21. I hereby certify that I attended the deceased from 7/12 1941 to 2/3 1945 that I last saw her alive on 2/2 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pulmonary Tuberculosis — not known
Due to infection
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

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
23. Signature George Schlueter (M. D. or other) M.D.
Address 3515 S. Grand St. Louis, Mo. Date signed 2/4/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. L Schlenker La 3344

35-15-d Branch

9-11 Sunday

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 Harry J Schlemacher

Licensed Embalmer No. 2679

P. O. Address 732 Fem ag Jeep A

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.