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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11853**

FILED APR 27 1945 **818**

Primary Registration District No. **1003**

Registrar's No. **3297**

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

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:
St. Louis City Hospital #1. **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **4 days**
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) **Missouri**..... (b) County.....

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **3015 McNair**
(If rural, give location)

(e) Citizen of foreign country?..... **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Catherine Thompson**

3. (b) If veteran, name war..... **no**

3. (c) Social Security No..... **no**

4. Sex..... **female** | 5. Color or race..... **white**

6. (a) Single, widowed, married, divorced..... **widowed**

6. (b) Name of husband or wife..... **John H. Thompson**

6. (2) Age of husband or wife if alive..... years

7. Birth date of deceased..... **November 1, 1872**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16th**
year **1945** hour **3:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **4/12/45**
....., 19....., to **4/16/45**, 19.....
that I last saw h **er** alive on **4/16/45**, 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

72 **0** **15** ..hr. ..min.

Immediate cause of death..... **Cerebral Hemorrhage** Duration

Due to..... **14 year aneurism - Cardio-Vascular Disease**

Due to.....

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

10. Usual occupation..... **Housewife**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... **same**

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Unknown**

13. Birthplace..... **Georgia**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Miss Helen Thompson**

(b) Address..... **3015 McNair**

17. (a) **cremation**..... (b) Date thereof..... **4-19-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Missouri Crematory**

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) (e) Means of injury..... **C**

18. (a) Signature of funeral director..... **Witt Bros. & Co.**

(b) Address..... **2929 S. Jefferson Ave.**

19. (a) **APR 17 1945**..... (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

23. Signature..... **E W Gibson** (M. D. or other)

Address..... **1515 Lafayette** Date signed..... **1**

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.....

Rowland

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Edgar F. Witt*.....

Licensed Embalmer No. *217*.....

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.