. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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. 15654

FILED MAY 21 1945 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4053

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: De Paul Hospital
(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. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7805 Cornell Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME ROBERT THOMPSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Elizabeth Thompson

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

7. Birth date of deceased May (Month) 14th (Day) 1889 (Year)

8. AGE: Years 55 Months 11 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)

10. Usual occupation distributor

11. Industry or business Ruud & Humphrey Gas Water Heaters

FATHER
12. Name Thomas Thompson
13. Birthplace unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Johanna Widmark
15. Birthplace unknown (City, town, or county) Sweden (State or foreign country)

16. (a) Informant Elizabeth Thompson
(b) Address 7805 Cornell Ave., U. City

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) MAY 7 1945 (Date received local registrar) (b) J. T. Bridgeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1945 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from 4/22, 1945 to 5-6, 1945 that I last saw him alive on 5-6, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart disease & infarction. — Duration 4/22/45

Due to .....

Due to .....

Other conditions Hypertension — 5 yrs
(Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury —

23. Signature E. J. Jarvis (M. D. or other) MD
Address 607 N Grand Blvd Date signed 5/7/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. J. Javaux,
University Club Bldg.
JE-9588

Mo. 12 to 3 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City 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.