

S. No. 2
DM-543
v. 5158

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26203
Registrar's No. 7485

FILED SEP 1 1945 318

Registration District No. Primary Registration District No. 1003

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

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 Barnes Hospital, U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17 / 18
(d) Street No. 4545 Papin St
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Washington Thompson

3. (b) If veteran, name war Spanish American 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 Lizzie Thompson 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 16th, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 0 12 hr. min.

9. Birthplace Pittsburg Penn /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Bell Telephone Co

12. Name George W. Thompson

13. Birthplace Penn /
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Riddle

15. Birthplace Penn /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. W. Thompson

(b) Address 4545 Papin St

17. (a) Burial (b) Date thereof 8/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) AUG 28 1945 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
year 1945 hour 4 minute A M.

21. I hereby certify that I attended the deceased from 8-25-45
1945 to 8-28-45 1945;
that I last saw him alive on 8-28-45 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Hemorrhage Duration 5 days

Due to Hypertensive, arteriosclerotic, cardiovascular Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93h PHYSICIAN

Of autopsy 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 0

3. Signature FR Bradley (M. D. or other)

Address Barnes Hospital Date signed 8/28/45

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

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address

St. Louis, 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.