

FILED NOV 10 1945 STANDARD CERTIFICATE OF DEATH

State File No. 32443

1003

Registration District No. 318

Primary Registration District No.

Registrar's No. 9501

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 years
(Specify whether years, months or days)

In this community 45 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLOTTE THOMPSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife late James W. Thompson

6. (c) Age of husband or wife if alive 13 years
(Month) (Day) (Year)

7. Birth date of deceased Oct 13 1898
(Month) (Day) (Year)

8. AGE: 47 Years 0 Months 18 Days
If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Wm. G. Kenney

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Stella R. Donnelly

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Dienell

(b) Address 2151 S. Jefferson Ave.

17. (a) Burial (b) Date thereof 11-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 2 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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")

(d) Street No. 1439 N. Market St.
(If rural, give location)

(e) Citizen of foreign country? no
(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st
year 1945 hour 1:15 minute P M.

21. I hereby certify that I attended the deceased from 10/31/45, 1945 to 11/1/45, 1945
that I last saw her alive on 11/1/45, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic
fever
95
years of disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations

Of autopsy

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? no
(Specify type of place) (e) Means of injury

23. Signature Herbert C. Fritz (M.D. or other)
Address 1515 Lafayette 11/8/45 signed

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

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..... *John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address..... *4443 St. Louis*

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.