S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24725

FILED OCT 27 1945

Registrar's District No.

Primary Registration District No. 6076

Registrar's No. 2456

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 5 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1326 Boyle 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME THOMPSON, Arvil E.
3. (b) If veteran, name war World II
3. (c) Social Security No. Unknown

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Margaret Thompson
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased December 2, 1912 (Month) (Day) (Year)

8. AGE: Years 32 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Sleiper (City, town, or county) Oklahoma 1 (State or foreign country)
10. Usual occupation Packing House Work
11. Industry or business --
FATHER 12. Name Rode Thompson
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name Mary Childers
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Acting Clinical Clerk, Vet. Adm.
(b) Address Fac., Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 10-24-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1945 hour 6:45 P.M. minute M.
21. I hereby certify that I attended the deceased from October 20, 1945 to October 22, 1945; that I last saw him alive on October 22, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
NEPHRITIS, CHRONIC.	Unknown
Due to --	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	

13

Major findings:
Of operations No operation
Of autopsy No 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) No
(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

23. Signature E. V. EDWARDS, Lt. Col., (M. D. or other) M.C., Clinical Director.
Address Vet. Adm. Fac., Jeff. Brks. Mo. Date signed 10/23/45

707

(Licensed Embalmer's Statement on Reverse Side)

FEB 17 19[illegible]

FEB 24 1947

VS APR 28 1959

NOV 6 1945

JAN 21 1947

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 Elmer R. Cadwell

Licensed Embalmer No. 4077

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.