

**FILED** MAY 31 1946 318

1003

Registrar's No. 4686

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.  
(b) St. Mary's Infirmary  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether  
In this community 26 yrs  
years, months or days)

3. (a) PRINT  
FULL NAME

August Thompson

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Male 2 5. Color or Col race  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Aug 22<sup>nd</sup> 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 9 2 hr. min.

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

10. Usual occupation Shoe shine

11. Industry or business

12. Name Frank C. Thompson

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

14. Maiden name Ellice Perkins

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

16. (a) Informant Fanny O'nealy

(b) Address 1432 1/2 Biddle St

17. (a) Burial (b) Date thereof 5 29 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale

18. (a) Signature of funeral director Howell

(b) Address 2834 Gambel

19. (a) MAY 25 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 700 N. 23<sup>rd</sup> St.  
(If rural, give location)  
(e) Citizen of foreign country? 9 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1946 hour 3 minute 30 P.M.  
21. I hereby certify that I attended the deceased from May  
16 1946 to May 24 1946  
that I last saw him alive on May 23 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiectasis, bilateral 2 yrs.  
Due to Brain abscess, 2 weeks  
- tuberculosis

Due to 80  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations Catarhal cystitis  
Of autopsy Bronchiectasis, Brain abscess, Acute cystitis  
Underline 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? (c) Means of injury

23. Signature Wm. O. Beaton (M. D. or other) MD  
Address 1536 Papine St. Date signed 5/24/46

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

working under my personal supervision.

Signed

*John L. Harrell*

Licensed Embalmer No. *2452*

P. O. Address *2834 Kumble*

**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.**