

**FILED JUN 6 1946**

**1003**

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **4848**

**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:  
3915 Michigan Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 5 Years  
 years, months or days)

3. (a) PRINT FULL NAME Bertie M. Thompson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Marvin A. Thompson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 6th 1882  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 1 23 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business Dont Know Secreas

MOTHER FATHER

12. Name Dont Know Mo.  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Dont know Mo.  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Paul A. Thompson  
 (b) Address 201 A Eichelberger Ave.

17. (a) Removal (b) Date thereof 5-30-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Senath Mo.

18. (a) Signature of funeral director Arthur J. Dornally  
 (b) Address 3840 Lindell Blvd

19. (a) J. F. Bredeah  
 (Date) (Month) (Day) (Year) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3915 Michigan Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 29th  
 year 1946 hour 11 minute A. M.  
 21. I hereby certify that I attended the deceased from April 11 1946  
 1946 to May 29 1946  
 that I last saw her alive on May 29 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Arteriosclerosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Papillary disease of heart  
 (Include pregnancy within 3 months of death)

Duration  
5 years

**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?

While at work? \_\_\_\_\_ (Specify type of place)  
 Means of injury \_\_\_\_\_

23. Signature B. J. Mc Ginnis (M. D. or other)  
 Address 2607 B. Grand Date signed 5/31/46

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

173310

SEP 27 1946

Dr. Hyman M. Levin  
2602 8 Street  
Bid 3404  
Residence  
3953 Flora Street  
La 36.39

### 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 W. H. Vanmatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.