V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17850

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18972

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4805

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:
Homer G Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town ?St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3138 Hickory
(If rural, give location)

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

If yes, name country

18 17 9

3. (a) PRINT FULL NAME John Thompson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unk. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt 77 Unk Unk hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Unk
13. Birthplace Unk (City, town, or county) Unk (State or foreign country)

MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) Unk (State or foreign country)

16. (a) Informant Mrs H. Smith
(b) Address 3130 La Salle, St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director English Und. Co
(b) Address 2931 Lucas ave.

19. (a) MAY 29 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 22
year 1946 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from
May 9, 1946 to May 22, 1946
that I last saw him alive on May 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Metastasis — Duration Unk

Primary site unknown

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

53

Major findings:
Of operations

Of autopsy Yes

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

23. Signature Daniel Brown (M. D. or other)
Address 2601 N Whittier Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Ore.

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.