

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5015**

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:
2928 No. Vandeventer 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 44 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2928 No. Vandeventer Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Annie Laurie Thompson

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

4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced Widow
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months _____ Days _____
If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Tvrrell
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Ruth I. Day
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Creegan
(b) Address 2928 No. Vandeventer Ave.

17. (a) Removal (b) Date thereof 6 5 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fort Madison, Iowa

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd ST Louis Mo
19. (a) JUN 4 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd.
year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 3, 1946, to June 3, 1946, that I last saw him alive on June 3, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Absence Myocarditis
Due to Hypertension, hypertensive Chr. Paranechymatous
Due to Essential arterial disease

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 181
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? _____ (Specify type of place) (c) Means of injury _____
23. Signature J. A. Mosder (M.D. or other) _____
Address 2115 N. Vandeventer Date signed 6-4-46

Murder

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

21118

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3870 Ludell

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.