

Registration District No. **317**

Primary Registration District No. **6076**

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 Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Since 10-23-46**
(Specify whether **57 Years**)
In this community **57 Years**
(years, months or days)

3. (a) PRINT FULL NAME THOMPSON, John H.
3. (b) If veteran, name war World I
3. (c) Social Security No. Unknown

4. Sex Male **5. Color or race White**
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 January 19 1889
(Month) (Day) (Year)

8. AGE: Years **57** Months **9** Days **7**
If less than one day
hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

11. Industry or business

12. Name James M. Thompson
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Powers
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hospital
(b) Address Jefferson Barracks, Missouri
17. (a) Burial **(b) Date thereof Oct. 29, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U & L Co.
(b) Address 7811 So. Broadway, St. Louis, Missouri

19. (a) 10-30-46 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **021**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **9773 Riverview Drive**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year **1946** hour **2:10** minute **P** M.

21. I hereby certify that I attended the deceased from 10-23-46
19 to **10-26-46** 19
that I last saw him alive on **October 26** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death
PERICARDITIS, PURULENT, ACUTE
Due to **930**
Due to
Other conditions **MYOCARDITIS, ACUTE**
(Include pregnancy within 3 months of death)

Duration
UNK
UNK
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations **No Operation**
Of autopsy **Autopsy performed**
(See cause of death)

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? **[Signature]** (Specify type of place) Means of injury **[Signature]**
23. Signature L. E. STILLWELL, M.D. (M. D. or other)
Vet. Adm. Hosp. Jeff. Brks., Mo. Address Date signed **10-28-46**

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

MOTHER FATHER

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 P. Broadway

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.