

S. No. 2  
 00M-5-43  
 Rev. 5-17-39  
 I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 39772  
 Registrar's No. 410

FILED JAN 13 1947  
 Registration District No. 1943

Primary Registration District No. 3007

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

1. PLACE OF DEATH:  
 (a) County Butler  
 (b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Lucy Lee Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 26 years -- (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3942(A) North 11th Street  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Walter B. Thompson  
 3. (b) If veteran, name war World War II  
 3. (c) Social Security No. 489-05-9469

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 26  
 year 1946 hour 3 minute 10 A.M.  
 21. I hereby certify that I attended the deceased from 3 Dec 46  
3 Dec 46 19... to 3 Dec 46 19...  
 that I last saw him alive on 3 Dec 46 19...  
 and that death occurred on the date and hour stated above.

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 March 11 1913  
(Month) (Day) (Year)

Immediate cause of death Fracture, skull, basilar, incurred in accident  
 Duration 3 hrs.

8. AGE: Years 33 Months 9 Days 15  
 If less than one day -- hr. -- min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions None  
\*(Include pregnancy within 3 months of death)

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

Major findings: None  
 Of operations None  
 Of autopsy None  
 PHYSICIAN None  
 Underline the cause to which death should be charged statistically.

10. Usual occupation Salesman  
 11. Industry or business Independent Packing Co.  
 12. Name Charles Thompson  
 13. Birthplace Tuscola Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name Bianche Bush  
 15. Birthplace Columbus Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche Thompson  
 (b) Address 3942(A) N. 11th Street  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-46  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Nat. Cem. Jeff Barracks

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident  
 (b) Date of occurrence 3 Dec 46  
 (c) Where did injury occur? Malden, Dunklin, Mo.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On State Highway

18. (a) Signature of funeral director Suedmeyer & Son's  
 (b) Address 3934 N. 20th St. Louis Mo  
 19. (a) 1-5-46 (Date received local registrar)  
 (b) [Signature] (Registrar's signature)

While at work? No (Specify type of place)  
 (c) Means of injury car wreck  
 23. Signature Charles Williams (M. D. or other MD)  
 Address Malden, Missouri Date signed 3 Dec 46

FEB 19 1947

APR 18 1947

RECEIVED

District Health Office No. 2,

District File Number 147-43

Date Filed 1-9-47

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 J. D. Scherman

Licensed Embalmer No. 4086

P. O. Address Malden, Mo.

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.