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12-45  
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X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7044**  
Registrar's No. **2078**

**FILED MAR 11 1947**

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

1. PLACE OF DEATH: **318**  
 (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:  
**1804 N. Sarah 1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community **10 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **000**  
 (c) City or town **St Louis** **1117**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1804 N. Sarah** **9**  
 (If rural, give location) **10**  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Fa. Albert James Thompson**  
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Feb** day **25**  
 year **1947** hour **7** minute **00 P.M.**  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 2 5. Color or race **Negro**  
 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Francis Drake** 6. (c) Age of husband or wife if alive **Deceased** years  
 7. Birth date of deceased **Jan 6 1877**  
 (Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
**Coronary Thrombosis**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<b>70</b>	<b>1</b>	<b>19</b>	hr. min.

9. Birthplace **Charlestown Miss 1**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **Laborer**

11. Industry or business **Casual Work**  
 12. Name **Serry Thompson**  
 13. Birthplace **Charlestown Miss 1**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Elizabeth Porter**  
 15. Birthplace **Charlestown Miss 1**  
 (City, town, or county) (State or foreign country)

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) (e) Means of injury **3**

16. (a) Informant **Elizabeth Brouie**  
 (b) Address **4627 Newbury Terrace**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **Mar. 2 1947**  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation **Litbourne, Mo**

18. (a) Signature of funeral director **C. L. Nash**  
 (b) Address **3944 Page, Baul**  
**FEB 28 1947**  
 19. (a) (Date received local registrar) (b) **J. F. Bredeck** (Registrar's signature)

23. Signature **Arthur E. Taylor** (M.D. or other) **3**  
 Address \_\_\_\_\_ Date signed **2/25/47**

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

MOTHER FATHER

Handwritten vertical line and the word "Name" written vertically.

**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.....

*Charles Downing King*....., Registered Apprentice No. *475*  
working under my personal supervision.

Signed *C. J. Nash*.....

Licensed Embalmer No. *2432*.....

P. O. Address *3847 Page*.....

**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.**