. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26136

FILED AUG 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7360

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: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3418a Abner Pl. 9
(If rural, give location)

(e) Citizen of foreign country? 6 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Chester Leland Thompson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Clarissa May Thompson

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased February (Month) 8, (Day) 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	5	27	hr. min.

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

10. Usual occupation Pullman Commissary Store Keeper

11. Industry or business Pullman Co.

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

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

16. (a) Informant Mrs. Clarissa M. Thompson
(b) Address 3418a Abner Pl.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) AUG 6 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th year 1947 hour 8:38 minute P M.

21. I hereby certify that I attended the deceased from 6/24/47, 19..., to 5/aug/47, 19...; that I last saw him alive on 5 aug 47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Brain Tumor spongioblastoma malignant	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Same.
Of autopsy

PHYSICIAN
Underline the cause of 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 Robert W. Woolsey M.D. or other
Address 4500 Duncan St. Louis Date signed 6 aug 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1947

D[redacted]ert D. Woolsey ([redacted]
4500 Olive St.

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.