No. 2
1/47
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. 29584

Registration District No. #45094 318

Primary Registration District No. 1003

Registrar's No. 7878

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1230A Adelaide Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN THOMPSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Divorced

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

7. Birth date of deceased March (Month) 4 (Day) 1877 (Year)

8. AGE: Years 70 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business

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

MOTHER
14. Maiden name Ellen Lynch
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Wm. R. Thompson
(b) Address 2130A Adelaide Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 Fair Ave. St. Louis

19. (a) AUG 19 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th year 1947 hour 3:15 minute P M.

21. I hereby certify that I attended the deceased from 7/24/47, 19 to Aug. 17th, 1947; that I last saw him alive on Aug. 17th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, generalized, advanced. ~~Tuberculosis left lung~~ N.T.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Tuberculosis left lung. Gangrene of both legs.

Duration

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? (Means of injury)

23. Signature [signature] 1515 Lafayette 8/18/47 M.D. or other

Address 1515 Lafayette Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.