V. S. No. 2
0M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40414

FILED NOV 25 1947

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 23190

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

96
4
3

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1155 Simmons Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Several years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouir (b) County St. Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1155 Simmons Ave., 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Charles Horton Thompson
3. (b) If veteran, name war .....
3. (c) Social Security No. 489-14-5031
4. Sex male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased October (Month) 29 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	0	19	hr. min.

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business .....
FATHER
12. Name Will Thompson
13. Birthplace Tennessee/
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Patterson
15. Birthplace Tennessee/
(City, town, or county) (State or foreign country)
16. (a) Informant Willie Thompson
(b) Address 1143 Folger Ave., Kirkwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood
19. (a) 11-20-47 (Date received local registrar) (b) Cecil A. Shay MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1947 hour 3 minute 10 P.M.
21. I hereby certify that I attended the deceased from Jan 1, 1935 to Nov 18, 1947
that I last saw him alive on Nov 16, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac dilatation	1 day
Due to: Chronic Myocarditis	5 yrs
Due to: 93d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) 0
While at work? ..... (e) Means of injury .....
23. Signature C. Theslie (M. D. or other) MD
Address Kirkwood, N. Mo. Date signed 11/18/47

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 Peter B. Dubroulet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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.