S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43544

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11208

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 1 Month (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. 7161 Wellington Ct.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHRISTY 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 Widowed
6. (b) Name of husband or wife Leona
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 8 (Day) 1871 (Year)

8. AGE: Years 76 Months 10 Days 0 If less than one day hr. min.

9. Birthplace Newman, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Coal Merchant
11. Industry or business

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

MOTHER
14. Maiden name Martha Wycoff
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Donald J. Thompson
(b) Address 7305 Maple Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) DEC 10 1947 (Date received local registrar) (b) J. J. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th year 1947 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from 11/13/47, 19, to Dec. 8th, 19 47, that I last saw him alive on Dec. 8th, 19 47, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic heart disease	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Arteriosclerotic heart disease.

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 Grant Martin (Attending physician or other) 12/8/47
Address 1515 Lafayette Date signed

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

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. 0, working under my personal supervision.

Signed W. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.