

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics

FILED DEC 31 1947

1003

Registrar's No. 11588

Registration District No.

Primary Registration District No.

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:
265 Union Ave. / (residence)
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **oac**

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

(d) Street No. **# 264 Union Blvd.**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... **SARA E. THOMPSON.**

3. (b) If veteran, name war..... **no**

3. (c) Social Security No. **no.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **December** day..... **19**
year..... **1947** hour..... **4:00** minute..... **A.** M.

21. I hereby certify that I attended the deceased from..... **42 Dec. 19** 19..... **47**
that I last saw her alive on..... **Dec. 19** 19..... **47**
and that death occurred on the date and hour stated above.

4. Sex..... **Female**

5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **John W. Thompson,**

6. (c) Age of husband or wife if alive..... **Dec'd.** years

7. Birth date of deceased..... **November 17, 1867.**
(Month) (Day) (Year)

Immediate cause of death.....

1. **Septicemic Purpura - vascular** **10 yrs.**

2. **acute left ventricular failure** **3 hrs.**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	80.	1.	2. hr. min.

Major findings:
Of operations.....

Of autopsies.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

9. Birthplace..... **Denver, Colorado.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home.**

11. Industry or business.....

12. Name..... **unknown**

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

14. Maiden name..... **Addie Regundus,**

15. Birthplace..... **Covington, Kentucky.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs Fred Berkley.**

(b) Address..... **#4 N. Kingshighway Blv'd.,
Interment.**

17. (a) Date of death..... **12/20/47.**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery.**

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.....
Type of place (a) Means of injury.....

23. Signature..... **J. T. Brubaker** (M. D. or other).....

Address..... **3720 Westington Ave.** Date signed..... **12-19-47.**

18. (a) Signature of funeral director..... **C. R. Lupton & Sons.**

(b) Address..... **7233 Delmar Blvd.**

19. (a) **DEC 19 1947** (Date received local registrar)

(b) **J. T. Brubaker** (Registrar's signature)

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

MOTHER FATHER

JAN 2 1948

Dr. Geo. W. Chmer
3720 Washington Ave
93 4515
1:30 to 5:30 P.M.

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..... *Raymond L. Morris*
Licensed Embalmer No. 4330
P. O. Address Maplewood, 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.