S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6217

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2252

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 days (Specify whether years, months or days)
In this community

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. 2524 Arlington Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM COMPTON

3. (b) If veteran, name war None

3. (c) Social Security No. 493-10-1102

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alice M. Compton.

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 23, 1881.
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation Electrician

11. Industry or business

FATHER
12. Name Riley Compton.
13. Birthplace (City, town, or county) Michigan. (State or foreign country)

MOTHER
14. Maiden name Eva Pinkney.
15. Birthplace (City, town, or county) Michigan. (State or foreign country)

16. (a) Informant Mrs. Alice M. Compton.
(b) Address 2524 Arlington Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-1948. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch. Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) (Date received by Registrar) MAR 5 1948 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1948 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1/28/48, 19, to March 4th, 1948; that I last saw him alive on March 4th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	10 yrs.
Due to	
Due to	
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)
While at work? (e) Means of injury

23. Signature Joe H. Hardin (M.D. or chief)
Address 1515 Lafayette Date signed 3/4/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Clement McGeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.