

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED APR 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

10750
2931

State File No. 2931
Registrar's No.

Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:
(e) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 1326a So. Boyle Ave.
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 1326a So. Boyle Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Odie Thompson
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 25
year 1948 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from 18-Mar-48 to 25-Mar-48
that I last saw him alive on 25-Mar-48
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Thompson
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April 1 1880

Immediate Cause of death
Due to Central Hemorrhage 1 day
Due to Generalized arteriosclerosis 5 yrs
Due to Hypertension 5 yrs
Other conditions: Chr. Myocarditis 2-3 yrs

8. AGE: Years Months Days If less than one day
67 11 24 hr. min.

PHYSICIAN
Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

9. Birthplace: Salem Missouri
10. Usual occupation: Retired Farmer

11. Industry or business
12. Name Unknown
13. Birthplace Salem Missouri
14. Maiden name Unknown
15. Birthplace Salem Missouri

16. (a) Informant Carl Thompson
(b) Address 4539a Clayton Ave.
17. (a) Burial (b) Date thereof 3-27-48
(c) Place: burial or cremation Salem, Mo.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Albert H. Honpe
(b) Address 4700 Washington Blvd.
19. (a) MAR 25 1948 (b) J. F. Bauder

23. Signature of physician (M. D. or other) MD
Address 4501 E. Main St. Date signed 25-Mar-48

NOV 28 1949

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 W. W. Wilkinor
Licensed Embalmer No. 3575
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.