S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14931

Registration District No. 327 — Primary Registration District No. 3070 — Registrar's No. 1102

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

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 405 ORCHARD AVE (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) In this community ALL HIS LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL")
(d) Street No. 405 ORCHARD AVE. (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME LEWIS WHARTON THOMSON
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 MARRIED
6. (b) Name of husband or wife EDITH C. THOMSON 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased FEB 27 (Month) 1873 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	2	9	— hr. — min.

9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation PRESIDENT OF
11. Industry or business LEWIS THOMSON INC.

FATHER
12. Name JESSIE LEWIS THOMSON
13. Birthplace — (City, town, or county) VIRGINIA (State or foreign country)

MOTHER
14. Maiden name ANNIE TRASK
15. Birthplace — (City, town, or county) ST LOUIS (State or foreign country)

16. (a) Informant LEWIS W THOMSON JR
(b) Address WEBSTER GROVES MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAINE
18. (a) Signature of funeral director Parkes Mid Co
(b) Address WEBSTER GROVES
19. (a) 5-7-48 (Date received local registrar) (b) Cecil G. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1948 hour 11 minute 30 a M.

21. I hereby certify that I attended the deceased from September 6th 1947 to May 6 1948 that I last saw him alive on May 6 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Fracture of Right femur surgical neck	8 mo.
Due to Carcinoma of prostate	1 year
Due to	
Other conditions Secondary anemia (Include pregnancy within 3 months of death)	

Major findings: Of operations Destruction and absorption of neck of femur
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)~~ accident
(b) Date of occurrence Sept 6 - 1947
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or public place? Fell on steps at home (Specify type of place)
While at work? No (e) Means of injury steps

23. Signature H. A. Goodrich (M. D. or other)
Address 19 E. Lockwood Date signed 5/7/48

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.