

S. No. 2
M-5-43
5-17-39
I X3667

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **41886**
11140
Registrar's No.

FILED JAN 11 1948

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community.....
years, months or days

3. (a) PRINT FULL NAME Pearl Thompson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Stewart Thompson

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

7. Birth date of deceased July 19, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>5</u>	<u>4</u> hr. min.

9. Birthplace: Farina Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation: at home

11. Industry or business: none

12. Name: James Marsh

13. Birthplace: Rome New York
(City, town, or county) (State or foreign country)

14. Maiden name: Caroline Drake

15. Birthplace: New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant: Tanner Thompson

(b) Address: 3905 a Labadie ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Dec. 27- 48
(Month) (Day) (Year)

(c) Place: Memorial Park Cemetery

18. (a) Signature of funeral director: A. Row Le U. Co.

(b) Address: 2707 N Grand Blvd

19. (a) DEC 24 1948 (Date received local registrar) (b) J. B. Laska (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3905 a Labadie ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1948 hour 7 minute 50 p. M.

21. I hereby certify that I attended the deceased from Dec 20, 1948 to Dec 23, 1948
that I last saw her alive on Dec 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Multiple Arteritis

Due to.....

Other conditions Paralytic Ileus
(Include pregnancy within 3 months of death)

Major findings: 9/20
Of operations 9/2

Of autopsy.....

PHYSICIAN
Underline the cause to 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?
While at work?.....
(Specify type of place) (a) means of injury

23. Signature: RT Jost (M. D. or other) M.D.
Address 1807 Missouri Date signed 12/24/48

WRITE PLAINLY—USE 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

Stanley A. Dixon

Licensed Embalmer No.

4193

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.