

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9373**

FILED OCT 26 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		d. STREET ADDRESS (If outside, give location) 3961 Folsom Ave.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Leroy Middle Thompson Last Thompson			4. DATE OF DEATH Month October Day 9 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/24/1927	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Washington University		11. BIRTHPLACE (City and state or country) Salem, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Delbert Thompson		13b. MOTHER'S MAIDEN NAME Viola Anderson	
14. NAME OF HUSBAND OR WIFE Jessie May Thompson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Delbert Thompson, 4137 Donovan Pl.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Gunshot wound of head, self inflicted**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. **at 3940 Park (near), on or about October 9th, 1961**

DUE TO (b) **See above**

DUE TO (c) **See above**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not repeat the terminal disease condition given in PART I (a)) **Suicide**

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
See above

20c. TIME OF INJURY
Hour **?** a.m. **10-9-61** p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
yard

20f. CITY, TOWN, OR LOCATION **St. Louis, Mo** COUNTY STATE

21. I attended the deceased from **432 P.** to **her** and last saw him **alive on** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Paul Johnson Deputy Coroner

22b. ADDRESS
300 Clark

22c. DATE SIGNED
10/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
10-12-61

23c. NAME OF CEMETERY OR CREMATORY
Local Cemetery

23d. LOCATION (City, town, or county)
Hermann, Mo.

24. FUNERAL DIRECTOR
Blumer Funeral Home, Hermann, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG.
OCT 10 1961

26. REGISTRAR'S SIGNATURE
Lead Smith, M. D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

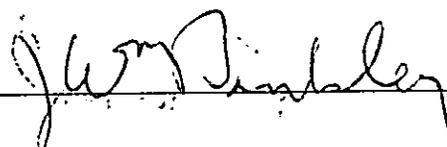
8080-5-708

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. _____

P. O. Address _____

1765
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.