

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

26470

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis Mo** (No. **Barnes Hospital**) St. Ward)

File No.
 Registered No. **7621**
 St. Ward)

2. FULL NAME Ethel Vera Thomp

(a) Residence, No. **2017 S Grand** St. **17** Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John P. Thomp		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 - 1879		
7. AGE	YEARS 51	MONTHS 7
	DAYS 4	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Ohio	
	13. NAME Wm C Lawrence	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio	
MOTHER	15. MAIDEN NAME Anneta (unmarried)	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio	
17. INFORMANT (ADDRESS) Mrs Anna Beem 2017 S. Grand Blvd		
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Mausoleum DATE July 9 1931		
19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons - 4449 Grand St		
20. FILED 11-07-31		

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7 - 7 1931**

22. I HEREBY CERTIFY, That I attended deceased from **6 - 26**, 19**31**, to **7 - 7**, 19**31**.
 I last saw her alive on **7 - 7**, 19**31**. Death is said to have occurred on the date stated above, at **2450 a.m.**
 The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic
Arteriosclerosis, aortal
Deleterious metabolic
Chronic
Chronic
 Other contributory causes of importance:
Coronary atherosclerosis

Name of operation **Cystostomy** Date of **7-2-31**
 What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) **James E. Pittman** M. D.
 (Address) **Barnes Hospital**

Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR-10 RESERVED FOR BINDING

P. NO. 2.

