

Do not use this space.

MAR 5 - 1937

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

791  
1003

1. PLACE OF DEATH

County .....  
Township .....  
City St Louis

Registration District No. ....  
Primary Registration District No. Franklin 2

File No. 8670  
Registered No. 2131  
St. .... Ward

2. FULL NAME

Lucille Thompson  
(a) Residence, No. 1410 Franklin St., 25 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

|  |   |  |                  |
|--|---|--|------------------|
| 3. SEX<br><u>M</u>   | 4. COLOR OR RACE<br><u>W</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |                  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF |   |  |                  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 17, 1905</u>  |   |  |                  |
| 7. AGE   | YEARS<br><u>31</u>  | MONTHS<br><u>3</u>   | DAYS<br><u>1</u> |
| If LESS than 1 day, ..... hrs. or ..... min.                 |   |  |                  |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unk.</u>                 |  |                  |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unk.</u>                          |  |                  |
|  | 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation |  |                  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance were as follows:

Mitral insufficiency

970

Other contributory causes of importance:

Cardiac Hypertrophy

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

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) Alfred W. Perry

(Address) Deputy Coroner

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Montgomery mo

FATHER

13. NAME Edgar Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unk 31

MOTHER

15. MAIDEN NAME Alice Best

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

mo

17. INFORMANT

Alice Hayes  
(ADDRESS) unk mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Montgomery DATE Feb 20 1937

19. UNDERTAKER

Mullen Bros  
(ADDRESS) 425 S. Franklin

20. FILED

FEB 20 1937

J. Brebeck  
Registrar

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.

odd

-18-

No 3500

427