AUG 12 1939

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

24008
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6702

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. Firmin Desloge Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Pauline Thompson 512

(a) Residence, No. 5024 Enright St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl A. Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16th, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Manfred Fritz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Carl A Thompson
(ADDRESS) 5024 Enright

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE July 28th 1938

19. FUNERAL DIRECTOR (NAME) Drehmann Narral
(ADDRESS) 1905 Union Blvd.

20. FILED JUL 27 1939 J. P. Biedeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1938, to July 26, 1938
I last saw her alive on July 26, 1938. Death is said to have occurred on the date stated above, at 7:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the cervix uteri with metastasis to the vagina, rectum, sigmoid colon, bladder, etc. by direct extension and recto vaginal fistula	Uncertain

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Autopsy 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) Melvin J. Huber, M. D.
(Address) 634 N. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-1-38 I X14022

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 Warren G. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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, above space should be left blank.