

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.

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

27431
 Do not use this space.
 7445

REC'D SEP 12 1938

791
 1008

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis

Registration District No.....
 Primary Registration District No.....
 (d) Street No. City Hospital No. 1 St.

Registered No. 7445

(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.

D. 7079 Clarence Wilbur Thompson

2. PRINT FULL NAME

(a) Residence, No. 4168 Connecticut St. 16
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 48 7 29

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. dic maker
 9. Industry or business in which work was done, as saw mill, bank, etc. Monark Elec. Co
 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 Isaac Thompson

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

MOTHER 15. MAIDEN NAME ? Rollman

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

17. INFORMANT Hosp Info M. Kent
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL in Memorial Park DATE Aug. 23, 1938

19. FUNERAL DIRECTOR A. W. McLaughlin
 (ADDRESS) 2501 Lafayette Avenue

20. FILED AUG 22 1938 J. F. Brudeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/20/38 19

22. I HEREBY CERTIFY, That I attended deceased from 8/16/38 19 to 8/20/38 19.
 I last saw him live on 8/20/38 19. Death is said to have occurred on the date stated above, at 6.42 p.m.

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

Brain abscess - left frontal lobe, probably caused by lobes pneumonia

Other contributory causes of importance:
Pneumonia - lobar - right lower lobe

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) E. C. Reh M. D.

(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, Wm. W. McDonald, Licensed Embalmer No. 3806
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Wm. W. McDonald
Licensed Embalmer No. 3806

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.)