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.

I X14028

Dec 1 1939

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

791

41156
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 10848
(c) City St. Louis (d) Street No. Homer Phillips Hospital St. Life (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 512 John Thompson
(a) Residence, No. 24 a South 23rd St. 22 (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: M
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: -------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 20, 1868
7. AGE: YEARS 70 | MONTHS 8 | DAYS 26 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
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): St. Louis Missouri 6

FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 9

MOTHER
15. MAIDEN NAME: unknown 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Evelyn Hilliard 2601 N Whittier
18. BURIAL, CREMATION, OR REMOVAL: Washington Park DATE Dec 19 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Cunningham 2933 Delmar
20. FILED DEC 17 1938 19 J. D. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 16, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1938 to Dec. 16, 1938
I last saw him alive on Dec. 16, 1938 Death is said to have occurred on the date stated above, at 2:40a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 12/13/38 |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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) Wallace Frizzel, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

**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, .....

William C. McDowell, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 2506 Franklin Ave

**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.**