

1939 APR 12 1939

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

9186
Do not use this space.

791
1008

Registered No. 2951

1. PLACE OF DEATH

(a) County 2 Registration District No.
(b) Township Primary Registration District No.
(c) City or St. Louis Mo. (d) Street No. 1355 Hodiament 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 James E. Thompson

(a) Residence, No. 1355 Hodiament St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	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 Louise Thompson		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1851		
7. AGE YEARS 87	MONTHS 4	DAYS 25
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) Missouri		
FATHER	13. NAME John Thompson	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	

17. INFORMANT Bernadine Olter
(ADDRESS) 1355 Hodiament Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 3/29/39 19
19. FUNERAL DIRECTOR (NAME) Edith E. Ambruster
(ADDRESS) 4274 Manchester
20. FILED 19.....
MAR 29 1939

John P. Beckwith
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26/39 19
22. I HEREBY CERTIFY, That I attended deceased from September 3rd, 1938, to March 26th, 1939
I last saw him alive on March 18th, 1939. Death is said to have occurred on the date stated above, at 11:00 am.
The principal cause of death and related causes of importance were as follows:
Chc. Myocarditis.
Date of onset
Other contributors of causes of importance:
Advanced age
Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? ✓
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? No
If so, specify
(Signed) *Dr. R. M. Williams*
(Address) 6201 Lakes Ave.

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.

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 *Shelton Eymck*
Licensed Embalmer No. *1284*
P. O. Address *St Louis Mo*

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.