

**1937** AUG 1 1937 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

**1003**

(a) County 1  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 6/25/39  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME

Cleatis Leon Thompson 512

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race C

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 2, 1938  
(Month) (Day) (Year)

8. AGE:

Years 1

Months --

Days 7

If less than one day  
hr. min.

9. Birthplace

Little Rock Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation

nil

11. Industry or business

MOTHER FATHER

12. Name Lee Thompson

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Malisia Woodard

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Malisia Woodard

(b) Address

2712 Clark

17. (a) Washington PK  
(Burial, cremation or removal)

(b) Date thereof July 12, 1939  
(Month) (Day) (Year)

(c) Place: burial or cremation

Washington PK

18. (a) Signature of funeral director

English Vandal Co

(b) Address

2193 S. Lucas Ave

19. (a)

(Date received local registrar)

J. J. Woodard

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4357 Kennerly  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
year 1939 hour 9 minute p M.

21. I hereby certify that I attended the deceased from June 25, 1939  
to July 9, 1939  
that I last saw him alive on July 9, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia

Duration

14 days

Due to

--

Due to

--

Other conditions

Purulent Meningitis

(Include pregnancy within 8 months of death)

Major findings:

Of operations --

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury 1

23. Signature H. J. Lynam (M. D. or other) \_\_\_\_\_  
Address 2001 N. Whittier Date signed 7-12-39

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.....  
Louis V. Atkins....., Registered Apprentice No.....  
working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 644 Firm

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.