S. No. 2
—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20540

Registration District No. 791 FILED JUL 17 1940 Primary Registration District No. 1003 Registrar's No. 5488

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5235 Page Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 6 (If outside city or town limits, write "RURAL")

(d) Street No. 5235 Page. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rachel Alice Thompson 512

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James M.

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

7. Birth date of deceased Oct. (Month) 1 (Day) 1855 (Year)

8. AGE: Years 84 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Robert Hammomtree
13. Birthplace Knoxville (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Phoebe Reagan
15. Birthplace Knoxville (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Nathan C. Thompson

(b) Address Montrose, Iowa.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-26-40 (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Albert H. Hoppe.

(b) Address 4700 Washington Ave.

19. (a) JUN 26 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 2 day 26d year 1940 hour 8 minute a. M.

21. I hereby certify that I attended the deceased from Jan. 1st, 1935, to June 26, 1940 that I last saw her alive on June 24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia Bronchial	7 days
Due to Chronic Arthritis (rheumatoid)	5 yrs +
Due to Confinement to bed for past year	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 2435 N. Grand Av. Date signed 6/26/40

(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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Albert W. Harper

Licensed Embalmer No. 1861

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.