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No. 2
-11-10-39
5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23415

State File No. _____

AUG 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5860

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 Days
(Specify whether)

In this community 7 years
years, months or days

3. (a) PRINT FULL NAME Archibald Thompson 512

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

3. (c) Social Security No. 494-075846

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Thomson

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

7. Birth date of deceased Feb. 6 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	8	5	hr. min.

9. Birthplace Alexandria Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Valhalla Cemetery

12. Name Richard Thomson

18. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Flora French

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

16. (a) Informant Emily Stephens

(b) Address 5339 Ridge Ave.

17. (a) Burial (b) Date thereof 7-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) J. B. Brudeck (b) J. B. Brudeck
(Data received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 5
(If outside city or town limit, write "RURAL")

(d) Street No. 5263 Vernon Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A? 19 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11,
year 1940 hour 11:12 minute _____ A.M.

21. I hereby certify that I attended the deceased from June 18, 1940, to July 11, 1940,
that I last saw him alive on July 11, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Aneurysm of anterior cerebral artery

Due to subarachnoid hemorrhage

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None

Of autopsy _____

Duration _____

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 _____

23. Signature Samuel Williams (M.D. or other) _____

Address 1515 Lafayette 7/11/40

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.....
Albert E. White Registered Apprentice No. 209
working under my personal supervision.

Signed

J. Wm Binkley

Licensed Embalmer No.

3653

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.