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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4394

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 61

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 12/9/40.  
(Specify whether years, months or days)

In this community unknown.

3. (a) PRINT FULL NAME Charles Thompson

3. (b) If veteran, name war World War

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beulah 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased May 3, 1878.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 8 5 hr. min.

9. Birthplace Battle Creek, Michigan.  
(City, town, or county) (State or foreign country)

10. Usual occupation Steward

11. Industry or business -

MOTHER FATHER

12. Name John Thompson

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Martha (surname unknown)

15. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schullig

(b) Address Clinical Clerk, JAF, Jeff. Bks., Mo.

17. (a) BURIAL (b) Date thereof 1-10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director @ Hoffmann h. & Co.

(b) Address 7814 S. ...

19. (a) JAN 10 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2348 No. Market Street  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th  
year 1941 hour 8:00 minute 8 a.m.

21. I hereby certify that I attended the deceased from December 9, 1940 to January 8th, 1941  
that I last saw h. im. alive on January 8th, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis,  
active, far advanced. Duration Unknown.

Due to - 1/3 1/2

Due to -

Other conditions Tumor of larynx, etiology  
(Include pregnancy within 3 months of death)

undetermined.

Major findings: -

Of operations -

Of autopsy No 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) no.

(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? [Signature] (Specify type of place)  
[Signature] (Specify type of injury)

23. Signature C. W. HUGHES, M.D., (M. D. or other) 0

Address Chief Medical Officer Date signed 1/8/41.

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

**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.....

*Edwin H. Leubinger*

Licensed Embalmer No. ....

4044

P. O. Address.....

*W. H. Clipperton*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**