

No. 2  
-13-40  
-17-39  
X23159

APR 21 1941 791  
Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No. 2247

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:  
938 Beach Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 938 Beach Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME LEONARD BOWSER THOMPSON

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

3. (c) Social Security No. 332-03-5697

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Esther Thompson 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased March 22 1894  
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
|         | 46    | 11     | 17   | ..... hr. .... min.  |

9. Birthplace Natilton / Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation wholesale lumber

11. Industry or business.....

12. Name Jesse W. Thompson

13. Birthplace Leasburg / Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Althea Bowser

15. Birthplace Warsaw / Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Cather Thompson

(b) Address 938 Beach Ave.

17. (a) burial (b) Date thereof 3/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

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

(b) Address 6175 Delmar Blvd.

19. (a) MAR 11 1941 (b) J. N. Biedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 9  
year 1941 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from Dec. 19 1941 to Mar 1941,  
that I last saw him alive on Mar. 8 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Papilloma, malignant urinary of bladder with metastases to bones, sternum, spine and pelvis

Due to 1 1/2 yrs.

Due to.....

Other conditions  
(Include pregnancy within 3 months of death)

52 f

Major findings:  
Of operations 51 B

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) (c) Means of injury 0

23. Signature Edward Melby (M. D. or other) M. D.  
Address 4963 Fountain Date signed 3/10/41

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

MOTHER FATHER

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7  
9

8

**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.....

*Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address.....

*6175 Delmar*

**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, fact should be so stated above.**