

791

1003

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Barnes Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Evansville, Ind.
(d) Street No. _____
(e) If foreign born, how long in U. S. A? 2 years.

3. (a) PRINT FULL NAME James G. Thompson

3. (b) If veteran, name war _____ No No
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Grace M. Thompson
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 10th, 1877

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>1</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Florissant, Mo.

10. Usual occupation Salesman

11. Industry or business Unemployed

MOTHER FATHER

12. Name James Thompson
13. Birthplace Scotland
14. Maiden name Margarette Canico
15. Birthplace Florissant, Mo.

16. (a) Informant Mrs Mary Thompson

(b) Address Evansville, Ind.
Ship by R.R. (b) Date thereof 5-27-41

(c) Place: burial or cremation Evansville, Ind.

18. (a) Signature of funeral director Proant Uud Co.
(b) MAY 26 1941 110 N. Grand Blvd.

19. (a) _____ (b) J. F. Bradley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 26th, year 1941 hour 4.00 minute A.M.

21. I hereby certify that I attended the deceased from April 27, 1941, to May 26, 1941; that I last saw him alive on May 26, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia
Due to Extreme cachexia
Due to Extensive Ca. of rectum
Other conditions Generalized peritonitis

Major findings: Ca. of rectum
Of operations _____
Of autopsy Prostatitis, cystitis, orchitis, lung abscesses, ca. of rec

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? _____
(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 J. F. Bradley (M. D. XXXX)
Address Barnes Hospital Date signed 5-26-41

999
M.P.O

Duration

PHYSICIAN

Underline the cause to which death should be charged statutorily.

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

Robert L. Brinkman

Licensed Embalmer No. *3553*

P. O. Address

3710 Grand St

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.