

FILED JAN 22 1941

State File No. _____

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10040**

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: **Faith Hospital**
(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**
(If outside city or town limits, write "RURAL")
(d) Street No. **2517 N. 10th St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **18**
year **1941** hour **1** minute **30** P. M.

21. I hereby certify that I attended the deceased from **12-3-** 1941 to **12-18-** 1941
that I last saw him ~~alive~~ on **12-18-** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Peritonitis, localized?
Due to **Intestinal Obstruction?**

Due to **Post-operative Adhesions 3 1/2 yrs**

Other conditions **Total Transposition of Congenital all viscera**
(Include pregnancy within 3 months of death)

Major findings: **Multiple adhesions & intestinal obstructions.**
Of autopsy **Same with localized peritonitis**

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? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Nicholas J Vitale** (M. D. or other)
Address **3801 St. Louis Ave** Date signed **12/19/41**

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(Yes or No)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME **Harry Joseph Thompson,**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **490-01-483**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

alive _____ years 7. Birth date of deceased **April 1882**
(Month) (Day) (Year)

8. AGE: Years **59** Months **8** Days **12** If less than one day hr. min.

9. Birthplace **Terre Haute Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Steam Fitter**

11. Industry or business **Fruco Construction Co.**

MOTHER FATHER { 12. Name **Dont Know**
13. Birthplace **Dont Know**
14. Maiden name **Dont Know**
15. Birthplace **Dont Know**

16. (a) Informant **Lillie Carroll**
(b) Address **4319 Lindell Blvd.**

17. (a) **Burial** (b) Date thereof **12-20-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**
(b) Address **1710 N. Grand Blvd.**

19. (a) **DEC 19 1941** (b) **J. T. Brebeck**
(Date received local registrar) (Registrar's signature)

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.....

Fred Frick

Licensed Embalmer No. 3186

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, fact should be so stated above.