

FILED JAN 20 1942

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 64

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town MANCHESTER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MANCHESTER NURSING HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 MONTHS
(Specify whether years, months or days) 15 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 469 OAK STREET
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME MARO REID THOMPSON

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

20. DATE OF DEATH: Month Jan day 8 year 1942 hour 9 PM minute _____ M.

21. I hereby certify that I attended the deceased from Dec 12, 1942 to Jan 8, 1942 that I last saw him alive on Jan 8 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELINOR C. THOMPSON 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased JUNE 28 1867
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage sudden

8. AGE: Years 74 Months 6 Days 11 If less than one day _____ hr. _____ min.

Due to Has had 3 previous strokes. Tube fed the last 6 mo.

9. Birthplace JACKSONVILLE ILLINOIS
(City, town, or county) (State or foreign country)

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

10. Usual occupation SALESMAN

11. Industry or business ADVERTIZING

MOTHER FATHER { 12. Name JOSEPH W THOMPSON
13. Birthplace JACKSONVILLE ILLINOIS
(City, town, or county) (State or foreign country)
14. Maiden name MARIA L REED
15. Birthplace JACKSONVILLE ILLINOIS
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Donald C Thompson
(b) Address 51303 Green Ave

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? _____

17. (a) BURIAL (b) Date thereof JAN-12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CEM.

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES Mo.

19. (a) JAN 12 1942 (b) C. G. Mc Ginnis
(Date received local Registrar) (Registrar's signature)

23. Signature C. H. Denny (M. D. or other) MD
Address 611 Olive St. St. Louis, Mo. Date signed 1-10-42

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..... *B. B. Aldrich*
Licensed Embalmer No. *1332*
P. O. Address *Webster Groves 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.