

S. No. 2
M-5-42
7-5-17-39
I-X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

OCT 21 1942

Registration District No.

Primary Registration District No.

1003

Registrar's No.

8286

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In-hospital or institution..... 9 days
(Specify whether

In this community..... 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 17

(c) City or town..... 4558 Garfield 6 11
(If outside city or town limits, write "RURAL")

(d) Street No..... 4558 Garfield
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME..... Edward Thompson

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

3. (c) Social Security No..... misplaced

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... October day..... 2, year..... 1942 hour..... 8 minute..... 40 P. M.

4. Sex..... Male

5. Color or race..... Negro

6. (a) Single, widowed, married, divorced..... married

6. (b) Name of husband or wife..... Helen Thompson

6. (c) Age of husband or wife if alive..... 71 years

7. Birth date of deceased..... July 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... September 23, 1942 to..... October 2, 1942 that I last saw h..... im alive on..... October 2, 1942 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>3</u>	<u>1</u>	hr..... min.

Immediate cause of death..... Hypertensive Heart Disease with Decompensation

Duration..... Unk.

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

Due to.....

Due to.....

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

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

10. Usual occupation..... Custodian

11. Industry or business..... High School

12. Name..... Alec Thompson

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

14. Maiden name..... Alice Hulbert

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

16. (a) Informant..... Helen Thompson

(b) Address..... 4558 Garfield

17. (a) Burial (b) Date thereof..... Oct 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Greenwood

18. (a) Signature of funeral director..... J. F. Harrison

(b) Address..... 2906 Locuston

19. (a) OCT 6 1942 (b) J. F. Harrison
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.....

Of autopsy.....

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)

(e) Means of injury.....

23. Signature..... S. E. Smith (M. D. or other).....

Address..... 2601 Wheeler Date signed..... 10/5/42

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 ml

....., Registered Apprentice No. 1
working under my personal supervision.

Signed Clark Manning
Licensed Embalmer No. 3371
P. O. Address St Louis

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.