S. No. 2
M—5-42
v. 5-17-39
P-I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39412

Registrar's No. 10300

1. PLACE OF DEATH:

(a) County ...

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

(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 28 days (Specify whether years, months or days)

In this community 21 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4274 W. Garfield
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lucy Thompson

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

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Ed

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

7. Birth date of deceased Unavailable abt. 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
abt. 52			hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Doss Thomas
13. Birthplace Hopkinsville (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Maggie Bradshaw
15. Birthplace Christian Co. (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Fannie Munson
(b) Address 28 So. Ranken Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. N. Gates
(b) Address 4107 Finney Ave. St. Louis

19. (a) DEC (Date received local registrar) 1942 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6, year 1942 hour 5 minute 25 P. M.

21. I hereby certify that I attended the deceased from October 8, 1942 to December 6, 1942 that I last saw her alive on December 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unk.
Chr. Nephritis	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

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

Address 260-140 Lutheran Date signed 12/8/42

(Licensed Embalmer's Statement on Reverse Side)

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

Chas. J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

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.