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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3573

State File No. ....

Registrar's No. 217

FILED FEB 10 1943

Registration District No. 101

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days  
(Specify whether)

In this community                       
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")

(d) Street No. 121 E. Wellington Ave.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country                     

3. (a) PRINT FULL NAME Lem Thompson

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex male 5. Color or race colored

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

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

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

7. Birth date of deceased Oct. 28 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>12</u>	hr. <u>                    </u> min. <u>                    </u>

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

10. Usual occupation none

11. Industry or business                     

MOTHER FATHER

12. Name Alfred Thompson

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

14. Maiden name Jennie Jackson

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

16. (a) Informant St. Louis County Health Dept.

(b) Address St. Louis, Mo. (E. Broad)

17. (a)                      (b) Date thereof 1-29-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director                     

(b) Address                     

19. (a) JAN 29 1943 (b)                       
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9  
year 1943 hour 11 minute :00 P.M.

21. I hereby certify that I attended the deceased from 12-28-42  
19                     to 1-9-43 19                    ;  
that I last saw h. im alive on 1-9-43 19                    ;  
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure 5 min.

Due to Cerebral hemorrhage with left hemiplegia. 2 hrs

Due to Arteriosclerosis (generalized). 10 yrs.

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?                     

While at work?                      (Specify type of place)

(e) Means of injury                     

23. Signature Robert A. Hall (M. D. or other) M.D.

Address St. Louis County Hosp Date signed 1-14-43

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**