

FILED MAR 2 1943 818

Registration District No.

Primary Registration District No.

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:
De Paul 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)

3. (a) PRINT FULL NAME **Lee Thompson**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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 **Feb. 19 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 2 hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name **Donald Thompson**
13. Birthplace **Benton Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary-Lee Walton**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Donald Thompson**

(b) Address **712 Thrush Ave.**

17. (a) **Burial** (b) Date thereof **2-22-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Freidens Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **FEB 22 1943** (b) **J. F. Beddeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **712 Thrush Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **21**
year **1943** hour **1** minute **P.** M.

21. I hereby certify that I attended the deceased from **Feb 19 1943 to Feb 21 1943**
that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Brain hemorrhage**
Due to **hypertension**
Due to **Birth injury**
Other conditions **None**
Major findings: **None**
Of operations **None**
Of autopsy **Same as above**

Duration
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? **Home** (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 **J. F. Beddeck** (M. D. or other)
Address **115 Burlingame** Date signed **2/22/43**

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

6125
10-11-92 2-4

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 Albert R. Thompson Jr
Licensed Embalmer No. 4237
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.