

FILED JUN 9 1943 818

Registration District No.

Primary Registration District No.

1000

4867

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Peoples Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 12yrs
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Andrew Thompson

3. (b) If veteran, name war - 3. (c) Social Security No. 494-03-3403

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mary Lee Thompson 6. (c) Age of husband or wife if alive 31 years
 7. Birth date of deceased Oct 26th 1912
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 6 28 hr. min.

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

10. Usual occupation Storeman M, K & T R.R.

11. Industry or business

MOTHER FATHER
 12. Name Johnnie Thompson
 13. Birthplace Pine Bluff Ark
 (City, town, or county) (State or foreign country)
 14. Maiden name Nannie Oliver
 15. Birthplace Pine Bluff Ark
 (City, town, or county) (State or foreign country)

16. (a) Informant Lillie Hadley
 (b) Address Warren Ark
 17. (a) burial (b) Date thereof 5/29/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son
 (b) Address 3133 Bell Avenue

19. (a) MAAC (b) J. F. Brudick
 (Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St Louis (If outside city or town limits, write "RURAL") 17
 (d) Street No. 4135a Easton Avenue (If rural, give location) 911
 (e) Citizen of foreign country? Yes or No
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
 year 1943 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 17, 1943, to May 26, 1943;
 that I last saw him alive on May 23, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-pneumonia Duration 2wks

Due to -

Due to -

Other conditions (Include pregnancy within 3 months of death) 107

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 W. H. Randle (M. D. or other) MD
 Address 402 Lister Blvd Date signed 5-25-43

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 S. J. Watson
Licensed Embalmer No. 2698
P. O. Address 2769 Mountain 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.