V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1943

Registration District No. 918

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27126

Registrar's No. 7122

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Anthony's 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 36

(c) City or town St. Clair N.R. (If outside city or town limits, write "RURAL")

(d) Street No. Route #1 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sarah A. Thompson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

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. (Month) 14th (Day) 1883 (Year)

8. AGE: Years 60 | Months 5 | Days 22 | If less than one day hr. min.

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

10. Usual occupation Housework at home

11. Industry or business

FATHER
12. Name William Thompson
13. Birthplace Cincinatti (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Ann Eckels
15. Birthplace Cincinatti (City, town, or county) Ohio (State or foreign country)

16. (a) Informant John W. Thompson

(b) Address St. Clair Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 6 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5th year 1943 hour 7:40 minute P.M. A.M.

21. I hereby certify that I attended the deceased from July 24/43, 19 , to Aug 5, 1943 that I last saw his alive on Aug 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Rockey Mountain Spotted fever — Duration 22

Due to Tick Bite

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

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 R. Y. Hunt (M. D. or other)

Address 2638 W. Grand Blvd. Date signed 8/6/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. Y. Henry

Rail Down Bldg.

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 Richard W. Stouesand

Licensed Embalmer No. 4007

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.