

FILED OCT 22 1943

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 9036

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 14 days years, months or days)

3. (a) PRINT FULL NAME Jimmie Thompson

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

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Baby

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 26th 1913
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 14 If less than one day _____ min.

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

10. Usual occupation Baby

11. Industry or business _____

12. Name Jimmie Thompson

13. Birthplace unk (City, town, or county) Tex (State or foreign country)

14. Maiden name Edna Harris

15. Birthplace Chicago (City, town, or county) Ill (State or foreign country)

16. (a) Informant Jimmie Thompson

(b) Address 1818 Carr St

17. (a) Burial (b) Date thereof 10-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Hendle + Son

(b) Address 3133 J. Bell Lane

19. (a) OCT 13 1943 (b) Stredneck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1818 Carr (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10, year 1943 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from September 26, 1943 to October 10, 1943

that I last saw him alive on October 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration Life

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. R. Merry (M. D. or other) _____
Address 201 Whittier Date signed 10/13/43

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

MOTHER FATHER

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 Not Embalmed

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: