1731
S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944 318

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40645

Primary Registration District No. 1003

Registrar's No. 11970

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 26 Years

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County 000 12 9
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 709 South Broadway (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ida Catherine Thompson

3. (b) If veteran, name war No

3. (c) Social Security No. 492-24-9691

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William

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

7. Birth date of deceased July (Month) 27 (Day) 1893 (Year)

8. AGE: Years 50 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Billing Mo (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Store Clerk

11. Industry or business Thomas Market 6th Lucas

FATHER
12. Name Jacob Huber
13. Birthplace ? (City, town, or county) USA (State or foreign country)

MOTHER
14. Maiden name Henrietta
15. Birthplace ? (City, town, or county) USA (State or foreign country)

16. (a) Informant Harley Thompson
(b) Address 6322 Alabama

17. (a) Ship (Burial, cremation, or removal) (b) Date thereof 12/31/43 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Missouri

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette

19. (a) DEC 31 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30 year 1943 hour 10:35 minute P M.

21. I hereby certify that I attended the deceased from December 28, 1943 to December 30, 1943 that I last saw her alive on December 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar R.U.L. R.M.L. and L.U.L.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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) None
(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 0

23. Signature William D. Barr (M. D. or other)
Address 1515 Lafayette Avenue Date signed 12/31/43

(Licensed Embalmer's Statement on Reverse Side)

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. L. B. Cooper

Licensed Embalmer No. 3633

P. O. Address. 2317 Lafayette

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.