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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5819
Registrar's No. 1350

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Missouri
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution..... 1 mo. 24 days
In this community..... 7 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... Mary Jordan Thompson
3. (b) If veteran, name war..... NONE
3. (c) Social Security No..... NONE

4. Sex..... FEMALE
5. Color or race..... NEGRO
6. (a) Single, widowed, married, divorced..... WIDOW
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... NOVEMBER 22 - 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 2 15 hr. min.

9. Birthplace..... GREENVILLE ALA
(City, town, or county) (State or foreign country)

10. Usual occupation..... HOUSE WORK
11. Industry or business..... AT HOME

MOTHER FATHER
12. Name..... JAMES MURPHY
13. Birthplace..... GREENVILLE ALA
14. Maiden name..... DEBIA FEAGIN
15. Birthplace..... GREENVILLE ALA

16. (a) Informant..... WILLIAM JACKSON
(b) Address..... 4368 COOK AVE
17. (a) BURIAL (b) Date thereof..... 2-12-44
(c) Place: burial or cremation..... WASHINGTON PARK
18. (a) Signature of funeral director..... C.W. ROBERTS
(b) Address..... 1416 No. TAYLOR AVE

19. (a) FEB 11 1944 (Date received local registrar)
(b) Registrar's signature.....
844 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(d) Street No..... 4368 Cook Avenue
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 7, year 1944 hour 10 minute 40 P.M.
21. I hereby certify that I attended the deceased from December 14, 1943 to February 7, 1944
that I last saw her alive on February 7, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death..... Gangrene of left 4th toe
Duration..... 9 mos.

Diabetes Mellitus
Due to.....
Other conditions.....
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?.....
(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..... M. D. or other.....
Address..... Date signed.....

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:

Fulton G. Cullin

Licensed Embalmer No. *4198-*

P. O. Address *St. Louis 13, Mo*

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.