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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36491

Registrar's No. 9923

1. PLACE OF DEATH:

(a) County St Louis Mo.

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

(c) Name of hospital or institution: 4291 Cote Brilliante (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) 12 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town St Louis. (If outside city or town limits, write "RURAL") 9 11

(d) Street No. 4291 Cote Brilliante Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lucy Thompson.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 3

5. Color or race Col.

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1889 years

7. Birth date of deceased June (Month) 15 (Day) 1874 (Year)

8. AGE: Years 70 Months 56 Days 5 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Jeff Gatory

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

14. Maiden name

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

16. (a) Informant William Thompson

(b) Address 4291 Cote Brilliante

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Herman Smith

(b) Address 4247 N. Lafayette Ave

19. (a) NOV 22 1944 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day Nov year 1944 hour minute 2 P.M.

21. I hereby certify that I attended the deceased from 11/18/44, 1944, to 11/16, 1944 that I last saw her alive on 11/16/44, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(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 T. L. Naeker MD (M. D. or other) MD

Address 809 a N Jefferson Date signed

(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 William C. McDowell Registered Apprentice No.....,
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2174

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No. 36[illegible]

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 9923

On this 2 day of December, 1944, before me appears Herman J. Smith, who, upon his oath, states that the original record of ~~birth~~ death for Lucy Thompson, died ~~born~~ Nov. 16-1944, 19___, in the State of Missouri, and which was filed at ___ on ___, 19___, should be corrected as follows:

Item No. 8 should read Age 55
Instead of Age 70

Item No. 7 should read June 15 - 1889
Instead of 1874

Item No. ___ should read ___
Instead of ___

Item No. ___ should read ___
Instead of ___

Item No. ___ should read ___
Instead of ___

Item No. ___ should read ___
Instead of ___

Item No. ___ should read ___
Instead of ___

Item No. ___ should read ___
Instead of ___

Item No. ___ should read ___
Instead of ___

Corrected 12-1-44

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Herman J. Smith Informant
Relationship.

4247 W. Labadie
Present Address.

Subscribed and sworn to before me this 1 day of December, 1944

My Commission expires My Commission Expires March 4, 1946 Ella C Paddock Notary Public.

Verified by Original Family Bible Record. By Mother Herman Smith

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817

1944
S-36491