

5-43
7-39
X36871

Registration District No. **218** Primary Registration District No. **1003** Registrar's No. **221**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days
(Specify whether)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 5327 St. Louis Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph P. Thompson

3. (b) If veteran, name war no

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5th
year 1945 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from 12/15/44
_____, 19____, to _____, 19____;

that I last saw h. im. alive on 1/5/45, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color Wh 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 August 7 1873
(Month) (Day) (Year)

Immediate cause of death Bronchitis pneumoniae
due to arteria subclavia

Due to _____

Due to _____

8. AGE: Years 71 Months 4 Days 28 If less than one day _____ min.

Other conditions Cerebral thrombosis
(Include pregnancy within 3 months of death)

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

10. Usual occupation Building Contractor

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Edward Thompson

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

14. Maiden name Mary Kirley

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

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? _____

16. (a) Informant George J. Thompson

(b) Address 5327 St. Louis Ave. Burrton

17. (a) _____ **(b) Date thereof** Jan. 10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work? _____ (Specify type of place)

(c) Means of injury _____

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) JAN 9 1945 J. F. Brebeck
(Date received local registrar) (Registrar's signature)

23. Signature EW Czerninski (M. D. or other)

Address 1515 Lafayette Date signed 1/8/45

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

MOTHER, FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Bernard A. G. Stuart

Licensed Embalmer No.....

3500

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.