

FILED FEB 13 1945
Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Homes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 months 28 d. s
(Specify, whether
In this community Yes
years, months or days)

3. (a) PRINT FULL NAME Jefferson D. Thompson

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Jan 8, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 0 20 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name David Thompson
13. Birthplace Crab Orchard, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Julia Penny
15. Birthplace Unknown, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florat Dudley
(b) Address Montgomery City, Mo.

17. (a) Burial (b) Date thereof 1-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JAN 31 1945 (b) E. S. McLaughlin, M.D.
(Date received local report) (Registrar's signature) Address Manchester, Mo.

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1945 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from August 1944 to Jan 28th 45
that I last saw him alive on January 28th 45
and that death occurred on the date and hour stated above

Immediate cause of death Chronic Myocarditis Duration _____

Due to _____

Due to _____

Other conditions Chr Int. Nephritis
(Include pregnancy within 3 months) Arterio Sclerosis

Major findings: Of operations _____

Of autopsy 1310

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 R. D. Jansing (M. D. or other)
Address Manchester, Mo. Date signed 1/24/45

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

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 Albert L. Hoppa
Licensed Embalmer No. 2971
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.