

No. 2
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ev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35929**
Registrar's No. **10187**

FILED DEC 7 1945

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution:
FIRMIN DESLOGE D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 WEEKS
(Specify whether years, months or days)

In this community 2 MONTHS

3. (a) PRINT FULL NAME Thompson, Joseph ROY Jr

3. (b) If veteran, name war No 3. (c) Social Security No. —

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE D

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

7. Birth date of deceased SEPT 5 1927
(Month) (Day) (Year)

8. AGE: Years 18 Months 2 Days 20 If less than one day hr. — min.

9. Birthplace BRENTWOOD MO O
(City, town, or county) (State or foreign country)

10. Usual occupation CONSOLIDATED AIR CRAFT

11. Industry or business —

MOTHER FATHER

12. Name JOSEPH ROY THOMPSON

13. Birthplace OWENSBORO KY 1
(City, town, or county) (State or foreign country)

14. Maiden name LILA HEAD

15. Birthplace DAVIS CO KY 1
(City, town, or county) (State or foreign country)

16. (a) Informant MRS LILA THOMPSON

(b) Address 30 Hammel Ave Webster Groves Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 28 1945
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Parker and Co.

(b) Address Webster Groves Mo

19. (a) NOV 26 1945 (Date received local registrar) (b) J. T. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ARIZONA (b) County PREMA 999

(c) City or town Tucson Tucson 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1061 PALMORA AVE
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) NR. 2

If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25th
year 1945 hour 7 minute 55 A. M.

21. I hereby certify that I attended the deceased from October 15th, 1945 to November 25th, 1945;
that I last saw him alive on November 25th, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic Hepatitis ✓ Duration 3 months

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Toxic Hepatitis

Of operations —

Of autopsy Toxic Hepatitis
Cholemic nephrosis

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 August T. Dmytryk (M.D. or other) MD

Address 1321 S Grand Ave Date signed 11-28-45

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

Leslie Welch

Licensed Embalmer No.

4395

P. O. Address

Walter Groves 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.