S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26138

Registration District No. ..... Primary Registration District No. 1003

Registrar's No. 6559

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1416 N Jefferson 9
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No) 21
If yes, name country .....

3. (a) PRINT FULL NAME Elaine Thompson
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Female
5. Color or race Col.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 20. (Day) 1947 (Year)

8. AGE: Years 0 | Months 1 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace Josephine Thompson (City, town, or county) (State or foreign country)

16. (a) Informant Josephine Thompson
(b) Address 1416 N. Jefferson Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director C. B. Kounce
(b) Address 1221 North Grand Blvd.
19. (a) JUL 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1947 hour 6 minute 35 P M.

21. I hereby certify that I attended the deceased from June 8, 1947 to July 8, 1947 that I last saw her alive on July 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diarrhea, acute, Non-specific	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Acidosis	

Major findings:
Of operations .....
Of autopsy No

PHYSICIAN — Underline the cause of 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 Theodore Blevins (M. D. or other)
Address 2601 N Whittier Date signed 7/9/47

Jefferson City Printing Co.

(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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Eugene Miles

Licensed Embalmer No. 3623

P. O. Address 1221 - N. Grand

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.