FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18086

Registrar's No. 5050

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 7834 Murdock Ave.
(If rural, give location)

N.R.

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

If yes, name country

3. (a) PRINT FULL NAME Clarence M. Thompson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lottie

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

7. Birth date of deceased November (Month) 25. (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	6	6	hr. min.

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

10. Usual occupation Salesman

11. Industry or business

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

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

16. (a) Informant Lottie Thompson
(b) Address 7834 Murdock Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.

19. (a) JUN 2 1948 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1948 hour 1:20 minute P.M.

21. I hereby certify that I attended the deceased from 5/28, 1948, to 5/31, 1948
that I last saw him alive on 5/31/48, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Corondry Thrombosis (Posterior)	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? Means of injury

23. Signature John King (M. D. or other) MD

Address 671 E. Big Bend Rd. Webster Groves, Mo. Date signed 6/1/48

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 H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.