

Registration District No. 318 Primary Registration District No. 1005

1. PLACE OF DEATH:  
(a) County St Louis, Mo.  
(b) City or town St Louis, Mo.  
(c) Name of hospital or institution: Homer Phillip Hospital  
(d) Length of stay: In-hospital or institution About 2 wks  
In this community About 30 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State (b) County  
(c) City or town St Louis, Mo.  
(d) Street No. 2726 Lucas Ave.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3: (a) PRINT FULL NAME Henrietta Thompson  
3. (b) If veteran, name war No  
3. (c) Social Security No. No  
4. Sex Female  
5. Color or race Colored  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Henry Thompson  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased Oct 20th 1892  
8. AGE: 55 Years 9 Months 6 Days

20. DATE OF DEATH: Month July day 26 year 1948 hour 9 minute P.M.  
21. I hereby certify that I attended the deceased from July 24 1948 to July 25 1948  
that I last saw her alive on July 25 1948 and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to Cerebral Hemorrhage  
Diabetic Mellitus  
Duration 6 hrs 2 days

9. Birthplace Nashville Tenn.  
10. Usual occupation Housewife  
11. Industry or business  
12. Name Henry Cabbie  
13. Birthplace Nashville Tenn.  
14. Maiden name Elizabeth Joyce  
15. Birthplace Nashville Tenn.  
16. (a) Informant Henry Thompson  
(b) Address 2726 Lucas Ave.  
17. (a) Burial (b) Date thereof July 31 1948  
(c) Place: burial or cremation Washington Park Cem.  
18. (a) Signature of funeral director A. L. Beal  
(b) Address 2726 Lucas Ave.  
19. (a) JUL 30 1948 (b) J. F. Breneck

Other conditions  
Major findings:  
Of operations  
Of autopsy  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature J. E. Moor (M. D. or other)  
Address 809 N. Jefferson Date signed 7/28/48

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

2126  
No. 9278

**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 Joel Russell  
Licensed Embalmer No. 4112  
P. O. Address 2792 Pine St

**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.