

No. 300  
1-10-47  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED AUG 28 1948**  
Registration District No. **318**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
Registrar's No. **7327**

Primary Registration District No. **1003**

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

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:  
**4014 Lee Ave. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(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 **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4014 Lee Ave.**  
**10** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Cyrus A. Thompson**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**  
6. (b) Name of husband or wife **Mary Thompson** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **November 14 1867**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month **Aug.** day **19** year **1948** hour **11** minute **45** AM.  
21. I hereby certify that I attended the deceased from **Aug 15 1948** to **Aug 19 1948**  
that I last saw him alive on **Aug 19 1948**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Brain Tumor**  
Due to **Chronic Myocarditis**  
Due to **Senile Changes**  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years **80** Months **9** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace **Elsberry Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Retired Farmer**  
11. Industry or business \_\_\_\_\_  
12. Name **Martin G. Thompson**  
13. Birthplace **Elsberry Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Timandra Powers**  
15. Birthplace **Elsberry Missouri**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Mrs. Rhena Weeks**  
(b) Address **4014 Lee Ave.**  
17. (a) **Burial** (b) Date thereof **8-21-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Silex, Mo.**  
18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**  
19. (a) **AUG 20 1948** (b) **J. F. Biedel**  
(Date received local registrar) (Registrar's signature)

Duration **10 1/2**  
**10 1/2**  
**10 1/2**  
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) Means of injury \_\_\_\_\_  
23. Signature **J. F. Biedel** (M. D. or other) \_\_\_\_\_  
Address **4114 Lee Ave.** Date signed **8/20/48**

**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 Ray W. Wilkinson  
Licensed Embalmer No. 3575  
P. O. Address St Louis 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.**