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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1944

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 36492

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 16284

**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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 days (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County Jefferson
(c) City or town Mt. Vernon
(If outside city or town limits, write "RURAL")
(d) Street No. 1812 W. Broadway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sam A. Thompson

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary C. Thompson

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February (Month) 5 (Day) 1867 (Year)

8. AGE: Years 77 | Months 9 | Days 29 | If less than one day ___ hr. ___ min.

9. Birthplace Calidonia (City, town, or county) Minnesota (State or foreign country)

10. Usual occupation Physcian

11. Industry or business

MOTHER FATHER

12. Name John R. Thompson

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name Maggie Daneron

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mary C. Thompson

(b) Address Mt. Vernon, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-5-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) DEC 5 1944 (Date received local registrar) (b) J. T. Bruneck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 4
year 1944 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from Oct 30, 1944, to Dec 4, 1944, that I last saw him alive on Dec 4, 1944, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Hypertensive cardio-vascular disease | 6 t yrs. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy as above

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. R. Bradley (M. D. or other)
Address Barnes Hospital, Date signed 12/5/44

(Licensed Embalmer's Statement on Reverse Side)