MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

44657

JAN 14 1935

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1903 File No. .....

City St. Louis (No. St. Louis Hospital St. ..... Ward) Registered No. 1766

2. FULL NAME Herschel Strunk Thompson

(a) Residence, No. Columbia (Usual place of abode) St., R.F.D. No. R. Ward. Columbia Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 8 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Edna Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1900

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
34	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Nov 1934 11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Mo.

FATHER

13. NAME John W. Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Elsie Strunk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Edna Thompson Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE California Mo DATE 12-14 1934

19. UNDERTAKER (ADDRESS) Parker Und. Co. Columbia Mo.

20. FILED JAN 12 1935 19 J F Bredeck Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1934, to Dec 11, 1934

I last saw him alive on Dec 11, 1934 Death is said to have occurred on the date stated above, at 9:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	No
53	
53	
11	

Other contributory causes of importance:

Pulmonary edema, terminal

Name of operation Craniotomy Date of 12-11-34

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Lawrence M. Wilson, M. D.

(Address) Delmar & Belt Ave., St. Louis, Mo.