

FILED JUN 19 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

## 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:  
Firmen Desloge Hospital  
(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)

3. (a) PRINT  
FULL NAMEGertrude Thompson

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security  
No. NONE

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Charles  
6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased JAN 26 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 4 6 hr. \_\_\_\_\_ min.

9. Birthplace Arcadia Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Christopher Hildebrandt

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

14. Maiden name Laura Reynolds

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

16. (a) Informant Charles Thompson

(b) Address 4914 Washington Blvd

17. (a) Burial (b) Date thereof JUNE 5 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Shanklin & Koon Funeral Home

(b) Address 4911 Washington Blvd

19. (a) JUN 6 1944 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4914 Washington Blvd  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2  
year 1944 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 26 1944  
to June 2 1944  
that I last saw her alive on June 2  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 5 days

Due to Arteriosclerotic changes  
vasc. cerebral artery

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_ (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) (c) Means of injury \_\_\_\_\_

23. Signature Wayne D. Boileau M. D. or other \_\_\_\_\_  
Address 2739 No. Grand Date signed June 6 1944

Regina O. Steele  
2739 No. Howard - Mountland 1210  
1-3 P.M.  
Tel: 5988

### 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.....

*Paul A. Franklin*  
working under my personal supervision.

Registered Apprentice No.....

Signed *Paul A. Franklin*

Licensed Embalmer No. *3472*

P. O. Address *784 E. Selway*

**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.**