

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12409

FILED APR 10 1953

State File No. \_\_\_\_\_  
Registrar's No. 3398

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY Missouri

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) 5y, 10m, 7d  
c. CITY OR TOWN St. Louis, Mo. d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: City Infirmary e. STREET ADDRESS (If rural, give location) 5800 Arsenal St. 2139

3. NAME OF DECEASED a. (First) Jessie b. (Middle) Thacker c. (Last) Thacker 4. DATE OF DEATH (Month) (Day) (Year) March 29-1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced 8. DATE OF BIRTH Dec. 18, 1876 9. AGE (in years last birthday) 76

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) Bond County, Ill. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME James Thacker 13b. MOTHER'S MAIDEN NAME Louise Haley 14. NAME OF HUSBAND OR WIFE Unavailable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida M. Pettie, Bethalto, Ill. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Generalized Arteriosclerosis  
INTERVAL BETWEEN ONSET AND DEATH  
ANTECEDENT CAUSES DUE TO (b) Cerebral Vascular damage  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 331X

22. I hereby certify that I attended the deceased from May 22, 1947, to March 29, 1953, that I last saw the deceased alive on March 29, 1953, and that death occurred at 8:20p m., from the causes and on the date stated above.

23a. SIGNATURE Palmer P. P. P. (Degree or title) 23b. ADDRESS 5800 Arsenal St. 23c. DATE SIGNED 3-30-1953

24a. BURIAL, CREMATION, REMOVAL Removal 24b. DATE 3-30-53 24c. NAME OF CEMETERY OR CREMATORY Oak Grove 24d. LOCATION (City, town, or county) (State) Jerseyville, Ill.

DATE REC'D BY LOCAL REG. MAR 30 1953 REGISTRAR'S SIGNATURE J. Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*John S. Senneker*  
Licensed Embalmer No. 7199

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.