

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

17068
Do not use this space.

REC'D JUN 17 1939

791
1003

Registered No. 4602

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, Mo. (d) Street No. City Infirmary St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Thayer

(a) Residence, No. 5800 Arsenal St. St. L3 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lorraine Woolley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1873.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>66</u>		<u>X</u>	<u>6</u>	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pine Bluff, Arkansas.

FATHER

13. NAME William Z. ~~W. W. W.~~ Thayer

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

MOTHER

15. MAIDEN NAME Rebecca Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pine Bluff Ark.

17. INFORMANT (ADDRESS) E. Molony. 5800 Arsenal St.

18. BURIAL (PREMATION OR REMOVAL) PLACE Cremation DATE May 22 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A.H. Hoppe Inc. 4700 Washington

20. MAY 20 1939 J.F. Breeduck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1939 to May 16, 1939

I last saw him alive on January 12, 1939 Death is said to have occurred on the date stated above, at 6:30m. A.M.

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

Myocardial Insufficiency

Other contributory causes of importance:

93C

Degenerative Heart Disease
Hypertension of St. Temple
In fat tissue from malignant

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of injury

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?

If so, specify

(Signed) A. Potaschick M. D.
 (Address) City Infirmary

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.