

LED JUN 4 1943

STANDARD CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1919 N. Florissant /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1919 N. Florissant
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John L. Thraikill

3. (b) If veteran, name war..... 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Rachel Thraikill 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 12, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 1 9 hr. min.

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

10. Usual occupation retired

MOTHER FATHER { 11. Industry or business.....

12. Name Wm. C. Thraikill

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

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Armin Phisterer

(b) Address 3958 Bowen St.

17. (a) Entombment (b) Date thereof May 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) MAY 24 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from April 6, 1943 to May 21, 1943
that I last saw him alive on May 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
1. Arterio-sclerosis
2. Small pneumonia

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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)
(e) Means of injury.....

23. Signature M. W. Gausman (M. D. or other)
Address 2627 Arsenal St. Date signed 5-22-43

Duration

10 days
2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Wang A. Newell

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.