

235  
S. No. 2  
OM-2-43  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30453**  
Registrar's No. **8401**

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

Registration District **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis, Missouri.**  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days**  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5824 Page Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Frank Thatcher**  
3. (b) If veteran, name war **World War # 1**  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Cora Thatcher**  
6. (c) Age of husband or wife if alive **49** years  
7. Birth date of deceased **Feb. 14 1887**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**56 7 7** hr. min.

9. Birthplace **Chicago Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Baker**

11. Industry or business **Coronado Hotel**

MOTHER FATHER {  
12. Name **Edward Thatcher**  
13. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna Fletcher**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Cora LeFrancois**

(b) Address **5824 Page Blvd.**

17. (a) **Burial** (b) Date thereof **9-24-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **SEP 22 1943** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **21st**  
year **1943** hour **11:10** minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from **Sept. 16th**  
**1943**, 19\_\_\_\_, to **Sept. 21st** 19**43**  
that I last saw him alive on **Sept. 21st** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Tuberculosis & Liver**  
**Syphilia**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **As above**

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)  
(b) Means of injury \_\_\_\_\_  
23. Signature **J. W. Kromich** (M.D. number) \_\_\_\_\_  
Address **1515 Lafayette** Date signed **9/21/43**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

844

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Warren A. Carver*  
3534

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, fact should be so stated above.**