No. 2
—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1943

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40838

Registrar's No. 11045

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:
Residence; / 5820 Maple Ave.
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5820 Maple Ave.,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ALBERT THAYER.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Mary Thayer.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 12, (Day) 1850. (Year)

8. AGE: Years 93. Months 9. Days 29. If less than one day hr. min.

9. Birthplace Medina, (City, town, or county) Ohio. (State or foreign country) 1

10. Usual occupation Retired. Judge (Law).

11. Industry or business

FATHER
12. Name Charles Thayer.
13. Birthplace Medina, (City, town, or county) Ohio. (State or foreign country) 1

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Laura T. Moore.
(b) Address 5820 Maple Avenue.

17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 12/13/43. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) DEC 13 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th
year 1943 hour 4:35 minute P. M.

21. I hereby certify that I attended the deceased from Dec 5, 1943, to Dec 10, 1943
that I last saw him alive on Dec 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial weakness	
Pneumonia Bronchial	
Due to Senile art.	
Due to age	
Other conditions (Include pregnancy within 3 months of death)	

107

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature G. L. Krause (M. D. or other)
Address 3720 Washington Date signed 12/11/43

(Licensed Embalmer's Statement on Reverse Side)

Dr.G.Lynn Krause.
3720 Washington
JE 6111

11045

11045

11044

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - 1

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.