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ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 20 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 3324

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

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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:  
Masonic Home of Missouri  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yr. 3 mo.  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5351 Delmar Blvd.  
(If rural, give location)

(e) Citizen of foreign country? No 9 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nazzarine Thayer

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th  
year 1944 hour Eleven minute 50 M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George William Thayer

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

7. Birth date of deceased: October 10, 1857  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 4th, 1944 to April 7th, 1944 that I last saw her alive on April 7th, 1944 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>5</u>	<u>27</u>	_____ hr. _____ min.

Immediate cause of death Coronary Thrombosis 4 days  
Emphysema 5 Month

9. Birthplace Martensburg, West Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Elijah W. Redman

13. Birthplace Martinsburg West, Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Catlett

15. Birthplace Martinsburg, West Va.  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Clara Rothe

(b) Address 5351 Delmar Blvd.

17. (a) burial (b) Date thereof: 4-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) APR 10 1944 J. F. Predeck  
(Date received local registrar) (Registrar's signature)

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 Dolan (M. D. or \_\_\_\_\_)  
Address 5087 Grand Blvd Date signed \_\_\_\_\_

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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.....

*Clarence H. Murray*

Licensed Embalmer No. *4011*.....

P. O. Address *St. Louis, Mo.*.....

**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.**