S. No. 2
0M—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38405

Registration District No. 216 Primary Registration District No. 6075 Registrar's No. 237

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 yrs. 5 mos. 19 das.
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Crystal City (?)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES EDWARD THAYER
3. (b) If veteran, name war Unknown
3. (c) Social Security No. None
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife Bertha Lester
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 26 (Day) 1879 (?) (Year)
8. AGE: Years About 66 (?) Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Common laborer
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hospital Cem., Farmington, Mo.
18. (a) Signature of funeral director Berl J. Miller
(b) Address Farmington, Missouri
19. (a) 12-1-45 (Date received local registrar) (b) Esther Rudolff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 13th year 1945 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from March, 1942, to September 13, 1945 that I last saw him alive on September 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho-Pneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 107

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 Frank J. Nichols (M. D. or other)
Address Farmington, Mo. Date signed 9-13-45

1591 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 124 S - 1449

Date Filed 12 - 10 - 45

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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Earl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington 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.