V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1946

State File No. 8003

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1511

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

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:
4515 Lindell Blvd.
(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:

(a) State Missouri (b) County .000

(c) City or town St. Louis 12 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4515 Lindell Blvd. 90
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frances Gay Thayer

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ralph W. Thayer

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June (Month) 12 (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	7	21	hr. min.

9. Birthplace Montgomery (City, town, or county) Alabama (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William David Gay
13. Birthplace Montgomery (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Mary Belle Scott
15. Birthplace Montgomery (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Ralph W. Thayer
(b) Address 4515 Lindell Blvd.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) FEB 13 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1946 hour 3 minute 11 P M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Amytal Poisoning when she was found in her home on Feb. 3 1946 at about 3:11 P.M.

Due to whether intentional or accidental could not be determined

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

195
97

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Jeri Verdict

(b) Date of occurrence Feb. 3 1946 000

(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 Patrick E. Taylor Dep. Cor. (M.D. or other)
Address 1300 Clark Date signed 2-13-46

(Licensed Embalmer's Statement on Reverse Side)

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.