

13421

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3497**

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:
ST. JOHNS HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 DAYS**
 (Specify whether _____)

In this community _____
 years, months or days

3. (a) PRINT FULL NAME **THOMAS HUDSON THATCHER**
 3. (b) If veteran, name war _____ 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 **ODILLE FUSZ THATCHER** 6. (c) Age of husband or wife if alive **67** years
 7. Birth date of deceased **SEPT. 3 1869**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	74	7	12	hr. min.

9. Birthplace **ST. LOUIS MO.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

MOTHER FATHER
 12. Name **GEORGE W. THATCHER**
 13. Birthplace **BRIDGEPORT CONN.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **ANN CHAMBERS**
 15. Birthplace **ST. LOUIS COUNTY MO.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **THOMAS H. THATCHER**
 (b) Address **CHAMBERS ROAD (FERGUSON MO.)**

17. (a) **BURIAL** (b) Date thereof **4-17-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Arthur J. Donnelly**
 (b) Address **3840 Lindell Blvd**
APR 16 1944

19. (a) **J. F. Bredbeck** (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **15**
 year **1944** hour **2** minute **35 A. M.**

21. I hereby certify that I attended the deceased from _____, 19____, to **4-15**, 19**44**
 that I last saw him alive on **4-14**, 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis cerebral artery** *several weeks.*

Due to **arteriosclerosis and hypertension.**

Other conditions **none**
 (Include pregnancy within 3 months of death)

Major findings: **none**
 Of operations _____
 Of autopsy **none**

Duration

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) **no**
 (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 **John J. Hammond** (M.-D. or other) **no**
 Address **634 N. Evans** Date signed **4/15/44**

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

DEC 30 1953

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

Stanley Marshall

Licensed Embalmer No. *2868*

P. O. Address *3840 Lincoln*

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.