

No. 2
-1/47
-17-39

FILED FEB 9 1948
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USING 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:
3210 A. Halliday
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 66-4-20 (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3210 A. Halliday
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Gustav A. Thaler

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Lydia 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Sept 6th 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>4</u>	<u>20</u> hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business City of St. Louis

12. Name John Thaler

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Henke

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant S. Lydia Thaler Co.

(b) Address 3210 Halliday

17. (a) burial (b) Date thereof 1-28-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Schumacher Und. Co.

(b) Address 3013 Meramec

19. (a) JAN 27 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26
year 1948 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 5-19-48 to 1-24-48
that I last saw him alive on 1-24-48 and that death occurred on the date and hour stated above. Duration 48

Immediate cause of death Coronary Occlusion

Due to Coronary Occlusion

Due to Arteriosclerosis?

Other conditions (Include pregnancy within 3 months of death) 94

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

Underline the cause of 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 J. F. Bredeck (M. D. or other) 1/28/48

Address 406 S. 50th Date signed.....

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..... *Francis Williamson*

Licensed Embalmer No. *3565*

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.