

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

FILED SEP 7 1948 318

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff  
(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 St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5235 Page Blvd.  
6 Memorial (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME LAVINA THAYER  
 3. (b) If veteran name war No  
 3. (c) Social Security No. N

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased Feb. 7, 1874  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 18  
 If less than one day hr. min.

9. Birthplace Ramsey Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Nihil

11. Industry or business.....

12. Name Lafayette Boland

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

14. Maiden name Pauline Phillips

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

16. (a) Informant Wesley Bunker

(b) Address 5235 Page Blvd.

17. (a) Burial (b) Date thereof Aug. 27, 1948  
(Burial, cremation, removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of informant Bessie Williams

(b) Address 1431 Union Blvd.

19. (a) AUG 26 1948 (b) J. T. Proctor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25th  
 year 1948 hour 4 minute 05 A.M.  
 21. I hereby certify that I attended the deceased from 8/15/48  
 19....., to Aug. 25th 19 48  
 that I last saw her alive on Aug. 25th 19 48  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Pulmonary Embolism  
Right upper lobe  
 Due to.....

Due to..... Thrombophlebitis  
Left lower extremity

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.

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? W. S. Arney  
 23. Signature W. S. Arney 8/25/48  
(M. D. or other)  
 Address W. S. Arney 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 *Robert M. Murray*  
Licensed Embalmer No. *3749*  
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.**