

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10721

318

1003

Registrar's No. 3025

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE _____ Mo. b. COUNTY _____ St. Louis 10				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ Normandy 0		0		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____ Jewish Hospital 0				d. STREET ADDRESS (If rural, give location) _____ 719 North Hills Dr. 1				
3. NAME OF DECEASED (Type or Print) _____ Walter Wendel Thayer			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) _____ Mar. 31 1949		
5. SEX _____ male 0	6. COLOR OR RACE _____ white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ married	8. DATE OF BIRTH _____ 10/6/92		9. AGE (In years last birthday) _____ 56	IF UNDER 1 YEAR Months _____	IF UNDER 11 WKS. Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) _____ Pres. W.W. Thayer Co.			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____ Plymouth Ind 1		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME _____ James Thayer			13b. MOTHER'S MAIDEN NAME _____ Etta Unknown		14. NAME OF HUSBAND OR WIFE _____ M. Ethel Thayer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ World War I			16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____ M. Ethel Thayer ADDRESS _____ 719 North Hills Dr.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ Carcinoma of common bile duct ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ Peritonitis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  H. J. H. J. H. J.					INTERVAL BETWEEN ONSET AND DEATH 4 months 2 weeks	
19a. DATE OF OPERATION _____ 3-7-49		19b. MAJOR FINDINGS OF OPERATION _____ Complete obstruction of common bile duct					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from 3-1, 1949, to 3-31, 1949, that I last saw the deceased alive on 3-31, 1949, and that death occurred at 12:10 pm., from the causes and on the date stated above.								
23a. SIGNATURE _____ (Degree or title) _____ M. D. 11				23b. ADDRESS _____ 216 S. Kingshighway Blvd.		23c. DATE SIGNED _____ 4/1/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____ burial		24b. DATE _____ 4-4-49	24c. NAME OF CEMETERY OR CREMATORY _____ Memorial Park		24d. LOCATION (City, town, or county) (State) _____ St. Louis Co. Mo.			
DATE RECD BY LOCAL _____ APR 3 1949		REGISTRAR'S SIGNATURE _____ J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE _____ DREHMANN-HARRAL ADDRESS _____ 1905 Union Blvd.			

*D. Greenfield*  
*(1-1-58)*  
*Robert B. King*

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed..... *Albert R. Thompson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

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.