

STANDARD CERTIFICATE OF DEATH

26424
State File No. 6985
Registrar's No.

FILED AUG 6 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS			c. LENGTH OF STAY (In this place) 2-mon.				
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL			d. STREET ADDRESS Chambers Road				
3. NAME OF DECEASED (Type or Print) ODILLE FUSZ THATCHER		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JULY 19, 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2		8. DATE OF BIRTH May 18, 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Month Days 2 1	IF UNDER 24 HRS. Hours Min. 4 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State, or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Eugene A. Fusz		13b. MOTHER'S MAIDEN NAME Odelia Schuette		14. NAME OF HUSBAND OR WIFE Thos. Hudson Thatcher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. George W. Thatcher, 6305 Pershing Ave.			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Caecum with metastases to right groin</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 mos plus?</u>	
19a. DATE OF OPERATION <u>May 29 - 31 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Caecum - E retroperitoneal metastases</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>no</u>	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 <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>153X</u>					
22. I hereby certify that I attended the deceased from <u>11-20</u> , 19 <u>48</u> , to <u>7-18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-18</u> , 19 <u>52</u> , and that death occurred at <u>11:50 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Hammond</u>			23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>7/19/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL ()	24b. DATE <u>7-21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS</u>			
DATE REC'D BY LOCAL REG. <u>JUL 21 1952</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>2840 Lindell</u>		

1108

11 am

~~10:30~~

a.m.

7-20-57

For further information
see Theodor Body

JUL 27 1954

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.

Student
Student Embalmer

Signed _____
William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 26429
Local Registrar's No. 10985

State of Mo
City of St Louis } ss.
County of St Louis

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24th day of July, 1952, before me appears George W. Thatcher, who, upon his oath, states that the original record of birth death for Odille Suzette Thatcher, died July 19, 1952, 1952, in the State of Missouri, and which was filed at St Louis Mo on 7-19, 1952, should be corrected as follows:

- Item No. 4 should read July 19, 1952
Instead of July 18, 1952
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Arthur J. Donnelly Relationship. 3840 Lindell Blvd
Present Address.

Subscribed and sworn to before me this 24 day of July, 1952
My Commission expires 3-4-53 Ellen J. Pudlow Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-26424 1952