SEP 15 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32897

File No. 8779

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. Home for the Aged St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Clay Wm. Francis Terret

(a) Residence, No. 3400 So. Grand Blvd. St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Terret

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1871.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME August Terret

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER

15. MAIDEN NAME Kate Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT Sister Seraphine
(ADDRESS) 3400 So. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul Cem. DATE Aug. 24, 1936.

19. UNDERTAKER J. H. Gubken & Sons Co.
(ADDRESS) 2842 Meramec St.

20. FILED AUG 24 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1936 to Aug 22, 19..

I last saw him alive on Aug 21, 1936 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 21 1936
J. J. B. T.	
Other contributory causes of importance:	
Arteriosclerosis	Aug 10 1936

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. N. Dorsey, M. D.

(Address) 3160 S. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.