

JAN 10 1938

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

Do not use this space.

43397

1. PLACE OF DEATH

County..... Registration District No. 791
Towship..... Primary Registration District No. 1003
City St Louis (No. St Anns Hospital) St. Ward)

2. FULL NAME

Arden Louise Terry
(a) Residence, No. 5301 Page Blvd St. 6 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. da.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 9

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.
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) St Louis Mo (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) 31 (STATE OR COUNTRY)

15. MAIDEN NAME Angie Terry

16. BIRTHPLACE (CITY OR TOWN) Lincoln Mo (STATE OR COUNTRY)

17. INFORMANT Sister Joe (ADDRESS) 5301 Page Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Cahoy Cemetery DATE Dec 20 1937

19. UNDERTAKER G. Harold Hatcher (ADDRESS) 5301 Page Blvd

20. FILE NO. DEC 20 1937 J. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1937, to Dec 18 1937

I last saw her alive on Dec 17 1937. Death is said to have occurred on the date stated above, at 3:10 A.M.

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

Acute Enteritis Dec 3
11 10
Date of onset

Other contributory causes of importance:

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 John W. Bredbeck (Signed), M. D.

(Address) W. B. Bredbeck

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.

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RECORDS DEPARTMENT

