

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.

Registration District No. 799

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
941a N. Sarah St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4058 Enright Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Cassie Christina Terry
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 3rd.
 year 1940 hour 11:45 minute _____ a. M.

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 5th. 1939
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
		<u>8</u>	<u>28</u>	_____ hr. _____ min.

Immediate cause of death
 Due to Stroke
 Due to Stroke

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

Other conditions
(Include pregnancy within 3 months of death)

10. Usual occupation Nil

Major findings:
 Of operations _____
 Of autopsy 107a

11. Industry or business Child
 { 12. Name Espy Terry
 13. Birthplace Mayfield Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Carrie Owens
 15. Birthplace Kirkwood, Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Espy Terry
 (b) Address 4058 Enright Ave

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date of burial Feb. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Father Dickson Cemetery

(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? _____

18. (a) Signature of funeral director James H. Halls
 (b) Address 4107 Finney Ave.
 19. (a) FEB 7 1940 (b) J. H. Halls
(Date received local registrar) (Registrar's signature)

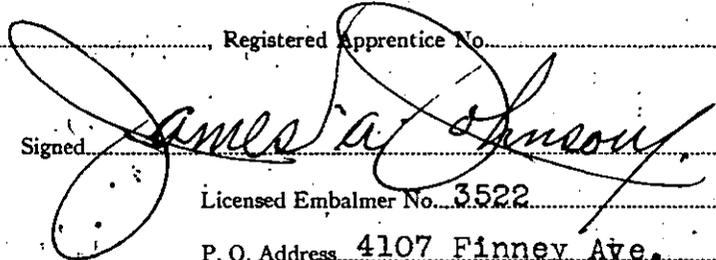
While at work? _____
(Specify type of place) (a) Means of injury
 23. Signature Joseph M. Lissner
 Address Deputy Coroner Date signed _____
(M. D. or other)

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.....

..... James A. Johnson, Registered Apprentice No.
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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, above space should be left blank.