

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4295

1. PLACE OF DEATH:

(a) County: ST. LOUIS MO
(b) City or town: ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 30 yrs. (Specify whether years, months or days)
In this community: 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: 000
(c) City or town: ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No: 2024 1/2 FRANKLIN (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Will Terry

3. (b) If veteran, name war: No 3. (c) Social Security No: _____

4. Sex: MALES 5. Color or race: Col 6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: Jessie 6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: 5 (Month) 30 (Day) 1885 (Year)

8. AGE: Years 55 Months 11 Days 17 If less than one day hr. min.

9. Birthplace: EARLINGTON KY (City, town or county) (State or foreign country)

10. Usual occupation: LABORER

11. Industry or business: _____

12. Name: Allen Terry

13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

14. Maiden name: " " " 15. Birthplace: " " " (City, town, or county) (State or foreign country)

16. (a) Informant: Jessie Terry

(b) Address: 2024 1/2 Franklin

17. (a) BURIAL (b) Date thereof: 5-24-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: Jessie Terry

(b) Address: 3103 Washington

19. (a) MAY 22 1941 (Date received local registrar) (b) J. F. Bebech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1941 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 19, 1941 to May 17, 1941 that I last saw him alive on May 17, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Lactated blood

Due to: ?

Due to: _____

Other conditions (include pregnancy within 3 months of death): _____

Major findings: Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): _____

(b) Date of occurrence: _____

(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? _____

(Specify type of place)

While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature: J. F. Bebech (M. D. or other) _____

Address: 450 Conyhton Date signed: 5/20/41

Duration

3 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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17
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Mr. Buckle

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Dr. Elvin Blechman*

Licensed Embalmer No. *3962*

P. O. Address.....

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.