

DEC 22 1941  
Registration District No. 791

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 9440

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4319 Margaretta P  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 50 yrs  
years, months or days

3. (a) PRINT FULL NAME Frank C. Terrill

3. (b) If veteran, name war No  
3. (c) Social Security No. 487-22-6704

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Terrill  
6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept 7 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>53</u>	<u>2</u>	<u>18</u> hr. _____ min.

9. Birthplace Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Packer

11. Industry or business Central Hardware

12. Name Frank Terrill

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

14. Maiden name Hella Crouch

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Terrill

(b) Address 4319 Margaretta

17. (a) Burial (b) Date thereof Nov 29 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cafary Cemetery

18. (a) Signature of funeral director Howard and Son

(b) Address 212 St. Louis Avenue

19. (a) NOV 28 1941 (b) J. B. Bredick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town 4319 Margaretta P  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Louis, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25th  
year 1941 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 18 1941 to Nov 25 1941  
that I last saw him alive on Nov 25 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 da

Due to Atherosclerosis 20 months

Due to Chronic Interstitial Nephritis 2 Mo.

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy None

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

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
Means of injury ?

23. Signature Francis Conway (M. D. or other)  
Address 5021 Union Date signed 11/26/41

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

MOTHER FATHER

**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 jos A. Howard

Licensed Embalmer No. 4139

P. O. Address 4919 ST LOUIS FIVE

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**