

S. No. 2
I-5-42
5-17-39
PI X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29232

State File No.

Registrar's No. 7593

Registration District No.

Primary Registration District No. 1003

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

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:
7944 Church Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
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. **7944 Church Rd.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **William Yelberton Terry**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Lula M.** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Sept. 7th 1877**
(Month) (Day) (Year)

8. AGE: Years **65** Months **0** Days **3** If less than one day hr. min.

9. Birthplace **Huntsville, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business

12. Name **William Y. Terry**

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

14. Maiden name **Anna M Jackson**

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

16. (a) Informant **Lula Terry**

(b) Address **7944 Church Rd.**

17. (a) **Burial** (b) Date thereof **9/13/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Huntsville, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**
(b) Address **4700 Washington Ave.**

19. (a) **SEP 11 1942** (Date received local registrar) **J. F. Brueck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **10th**
year **1942** hour minute M.

21. I hereby certify that I attended the deceased from **9/6** 19**42** to **9/11** 19**42**
that I last saw him alive on **9/11/42** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis**

Due to **Hypertension**

Due to **82**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration

4 days

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) (e) Means of injury _____

23. Signature **J. F. Brueck** (M. D. or other) _____
Address **8321 E. Bluff** Date signed **9/11/42**

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.....

Welford H. Burnley

..... Licensed Embalmer No..... *4202*

P. O. Address.....

St. Louis, Mo.

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.