

FD JAN 26 1943 318

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days
In this community 25 yrs (Specify whether 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. 6207a So Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

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3. (a) PRINT FULL NAME Clark Terry

3. (b) If veteran, name war No (c) Social Security No. 497-01-9648

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

6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased (Month) 2 (Day) 10 (Year) 1888

8. AGE: Years 54 Months 11 Days 3 If less than one day hr. _____ min. _____

9. Birthplace FORT SCOTT (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Albert 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 Ada McField

(b) Address 2913 Lawton Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director Bernard J. ...

(b) Address 3103 Washington

19. (a) JAN 10 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 13, year 1943, hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from December 19, 1942 to January 13, 1943; that I last saw him alive on January 13, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease with Decompensation

Duration

Unknown

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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. E. Smith (M. D. or other) _____

Address 2601 N. Whittier Date signed 1-18-43

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.....

William Claude Gordon

Licensed Embalmer No.....

489

P. O. Address.....

4221st Cote Brillant

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.