

FILED MAY 7 1943 818

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4052

1. PLACE OF DEATH:

(a) County St Louis  
 (b) City or town St Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Peoples Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Celeste Terrell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Drayden 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased March 23rd 1906  
 (Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mound Bayou Mississippi  
 (City, town, or county) (State or foreign country)

10. Usual occupation maid

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Henry Moore  
 13. Birthplace unk Virginia  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Aquata yawn  
 15. Birthplace Cosh County Miss  
 (City, town, or county) (State or foreign country)

16. (a) Informant Drayden Terrell

(b) Address 2615 Olive Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-7-43  
 (Month) (Day) (Year)

(c) Place: burial or cremation Mound Bayou Miss

18. (a) Signature of funeral director J. H. Rankle & Son

(b) Address 3133 Bell Ave

19. (a) APR 30 1943 (Date received local registrar) J. F. Bredok (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
 (c) City or town St Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 825 North Caring ave  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 27-43  
 year \_\_\_\_\_ hour 3 minute 45 a.-M.

21. I hereby certify that I attended the deceased from 4-17, 1943 to 4-27, 1943  
 that I last saw or alive on 4-27, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration 2 mos.

Due to Pericardium

Due to unknown

Other conditions (include pregnancy within 3 months of death) 56

Major findings: Of operations \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

Of autopsy \_\_\_\_\_ 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) NO

(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 0

23. Signature Henry A. Hample (Physician or other)

Address 2328 Market St Date signed \_\_\_\_\_

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

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**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 S. J. Watson  
Licensed Embalmer No. 2698  
P. O. Address 2769 Chouteau

**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.**