

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED MAR 1 1944 18

Registration District No. _____ Primary Registration District No. **1003**

Registrar's No. **1695**

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

195

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:
CITY SANITARIUM 9,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **EDMOND TERRILL**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **LOUISE** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **SEPTEMBER 23 1865**
(Month) (Day) (Year)

8. AGE: Years **78** Months **4** Day **25** If less than one day _____ hr. _____ min.

9. Birthplace **CLAY Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **SECTION HAND**

11. Industry or business **BIG FOUR R.R.**

12. Name **EDMOND TERRILL**

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

14. Maiden name **MARY MURPHY**

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

16. (a) Informant **ella Pindleton**

(b) Address **841 Brooklyn St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 22 1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **Comendia team**

18. (a) Signature of funeral director **Berdiminda Pindleton**

(b) Address **1936 St Louis**

19. (a) **FEB 21 1944** (Date received local registrar) **J. J. Bredbeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **009 19**

(c) City or town **ST LOUIS**
(If outside city or town limits, write "RURAL") **926**

(d) Street No. **841 BROOKLYN STR.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19**
year **1944** hour **5** minute **30 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **Old Subdural Hemorrhage of the Brain when Deceased fell from his bed to the floor in ward J-1 at the city sanitarium on 2-18-44**

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 months of death) **186 38**

Major findings: Of operations _____

Of autopsy _____

Duration

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) **Accident**

(b) Date of occurrence **2-18-44**

(c) Where did injury occur? **St Louis Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
City Sanitarium
(Specify type of place)

While at work? _____ (e) Means of injury **3**

3. Signature **Thomas F Callahan** (M. D. or other) **Deputy Coroner** Date signed **2-20-44**

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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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis A

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.