S. No. 2
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39845

FILED JAN 15 1945

Registration District No. 318 Primary Registration District No. Registrar's No. 11346

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: Homer G. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Min (Specify whether years, months or days)

In this community 1 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County —

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1849a Biddle
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Gus Terrell

3. (b) If veteran, name war No

3. (c) Social Security No. 327-03 3379

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willie Terrell

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased 1 (Month) 25 (Day) 1884 (Year)

8. AGE: Years 60 Months 11 Days 6 If less than one day — hr. — min.

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

10. Usual occupation Packing Co (Butcher)

11. Industry or business

MOTHER FATHER

12. Name Steve Terrell

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

14. Maiden name Annie Gilmore

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

16. (a) Informant Willie Terrell

(b) Address 1833a O'Fallon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Moses Vaughn

(b) Address 2812 Cass

19. (a) JAN 5 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31 year 1944 hour 7 minute 45 A.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.

	Duration
Immediate cause of death: Coronary Sclerosis Arteriosclerosis	
Due to:	
Due to:	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callaghan (M. D. or other)

Address Coroner Date signed 1-12-45

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. L. Harwell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.