

FILED JAN 20 1945
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 238

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:
5230 Maffitt Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

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. 5230 Maffitt Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Ann Terry

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

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

6. (b) Name of husband or wife Albert M. Terry 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Aug. 30 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 4 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John F. Fickey
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jamison
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Albert M. Terry
(b) Address 5230 Maffitt Ave.

17. (a) Burial (b) Date thereof 1-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JAN 9 1945
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th.
year 1945 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from June 30 1945, to Jan 8 1945

that I last saw her alive on Jan 8 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Duration _____

Due to arteriosclerosis

Due to hypertensive arteriosclerosis

Other conditions (include pregnancy within 3 months of death) 92

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. J. Fickey (M. D. or other)

Address 4055 W. Florissant Date signed 1-9-45

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

2
43
39
37823

10 to 1
Knock on upstairs back door

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 Albert R. Thompson
Licensed Embalmer No. 4237
P. O. Address St. Louis

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.