

Office of Vital Statistics
FILED JUL 12 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6261**

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 **Alexian Bros. Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **3 weeks**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2838a Gasconade Ave.**
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Samuel P. Terry**

3. (b) If veteran, name war.....
 3. (c) Social Security No. **494-05-5466**

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced, **married**
 6. (b) Name of husband or wife **Catherine**
 6. (c) Age of husband or wife if alive **54** years
 7. Birth date of deceased **November 14, 1883**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
63	7	15		hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29**
 year **1947** hour **12:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 27** to **June 27**, 1947, and that death occurred on the date and hour stated above.

that I last saw **him** alive on **June 25**, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute myocardial infarction
exacerbated by
Coronary Artery Disease
partia.

Duration **1 1/2 hrs**

Other conditions (include precursors within 3 months of death):
1/24

9. Birthplace **Lebanon Missouri (I)**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cook**

11. Industry or business **905 Liquor Store**

12. Name **Louis B. Terry**

13. Birthplace **Camp Point Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah J. Alexander**

15. Birthplace **Memphis Missouri (C)**
(City, town, or county) (State or foreign country)

16. (a) Informant **Catherine Terry**
 (b) Address **2838a Gasconade Ave.**

17. (a) **Removal** (b) Date thereof **June 30, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Joseph, Missouri**

18. (a) Signature of funeral director **Am. Schumacher**
 (b) Address **3013 Meramec St.**

19. (a) **JUN 30 1947** (b) **J. J. Medved**
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations **1/24**
 Of **Acute myocardial infarction**
Coronary Artery Disease

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 Where did injury occur?.....
 (City or town) (County) (State)
 (c) Did injury occur in or about home, on farm, in industrial place, in public place?.....
 (Specify type of place)
 While at work.....
 (Specify type of work) (Means of injury)
 23. Signature **J. J. Medved** M. D. or other health officer
 Address **6076 Grand** Date signed **7/1/47**

PHYSICIAN
 Underline the cause of death which should be charged statistically.

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

MOTHER FATHER

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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 Francis Williamson
Licensed Embalmer No. 3565
P. O. Address St Louis, Mo

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.