S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33080

Registrar's No. 8981

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: 1817 FRANKLIN AVE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Life (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 1817 Rear Franklin Ave (If rural, give location)
(e) Citizen of foreign country?: No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Frances Terry
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Female
5. Color or race: Col
6. (a) Single, married, widowed, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive:
7. Birth date of deceased: 9 (Month) – 24 (Day) – 1879 (Year)

8. AGE: Years: Abt. 50 | Months: | Days: | If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Unknown 9
13. Birthplace: " (City, town, or county) 9 (State or foreign country)
14. Maiden name: " 9
15. Birthplace: (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs Lillian Huffey
(b) Address: 1191 N 12th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood
18. (a) Signature of funeral director: Bennie Love
(b) Address: 3103 Washington Ave
19. (a) SEP 26 1947 (Date received by registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 23 year: 1947 hour: 6 minute: 45 M.

21. I hereby certify that I attended the deceased from: Aug 27, 1947 to: Sept 23, 1947 that I last saw h. alive on: Sept 22, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pyelonephritis, chronic, severe, unilat. Non-calculous	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: 0

23. Signature: M. C. Uhrell (M. D. or other) M.D.
Address: 3504 Franklin Date signed: 9-23-47

Jefferson City Printing Co.

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.