

FILED MAR 8 1948 7  
Registration District No. ....

Primary Registration District No. 3070

State File No. ....  
Registrar's No. 483

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Webster Groves, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 148 Euclid 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 St Louis

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")

(d) Street No. 148 Euclid Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME JAMES WM TERRY

3. (b) If veteran, name war --

3. (c) Social Security No. --

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

6. (b) Name of husband or wife Marthel 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Oct. 26, 1913  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
34	3	10	hr. min.

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

10. Usual occupation Janitor

11. Industry or business ww

MOTHER FATHER

12. Name Wm E. Terry

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

14. Maiden name Clida B. Johnson

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

16. (a) Informant Marthel Terry  
(b) Address 148 Euclid Ave.

17. (a) Burial (b) Date thereof 2-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates  
(b) Address 4107 Finney Ave.

19. 2-23-48 (b) Bevilacqua  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th  
year 1948 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 16 1948, to Feb 16 1948  
that I last saw him alive on Feb 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Alberminia

Due to Uterine Infection

Due to Heart

Other conditions 92d  
(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.....

23. Signature Vincent J. Mullett (M. D. or other)  
Address 3524 Franklin Ave. Date signed.....

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

76  
7  
4

MAY 21 1948  
APR 8 1948

NOV 16 1955

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 \_\_\_\_\_

John K. Cunningham

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*John K. Cunningham*

Licensed Embalmer No. 4476

P. O. Address. 4107 Finney

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.