FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24787 6597

Primary Registration District No. 1003

Registrar's No.

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: Masonic Home of Missouri 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 3 yrs. 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: out 17
(c) City or town: St Louis (If outside city or town limits, write "RURAL") 9
(d) Street No.: 5351 Delmar (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 12
If yes, name country

3. (a) PRINT FULL NAME: Edith Terry
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: W D
6. (b) Name of husband or wife: Edwin Terry
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 2 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	4	25	hr. min.

9. Birthplace: Rutherford, New Jersey (City, town, or county) (State or foreign country) 1
10. Usual occupation: Nurse
11. Industry or business:
FATHER
12. Name: Lyman Hollenback
13. Birthplace: Green Co. N.Y. (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name: Prudence Freeman
15. Birthplace: Emporium, Pa. (City, town, or county) (State or foreign country) 1
16. (a) Informant: Iva Hirsch
(b) Address: 5351 Delmar Blvd. St.Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 29th 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Cath. Hill
18. (a) Signature of funeral director: Alexander & Sons
(b) Address: 4170 Delmar Blvd
19. (a) JUL 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1948 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov. 8th, 1944 to July 27, 1948; that I last saw her alive on July 26, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma right Breast	2yrs
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
23. Signature: [illegible] M. D. ~~or other~~
Address: 508 N.Grand Date signed: 7-27-48

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 Thomas T. Fenwick

Licensed Embalmer No. 3793

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.