

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1949

318

1003

State File No. 2410
Registrar's No. 693

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			17
d. FULL NAME OF HOSPITAL OR INSTITUTION 1518 N. Leffingwell Ave.				d. STREET ADDRESS (If rural, give location) 1518 N. Leffingwell Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Willie M. Terrell		b. (Middle) Alexander		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan. 20 1949	
5. SEX Female		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-17-1897	
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Barnett, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Isaac Barnett		13b. MOTHER'S MAIDEN NAME Priscilla Price		14. NAME OF HUSBAND OR WIFE William Alexander			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Alexander, 1518 N. Leffingwell Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of rectum</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1-1-49 6-15-48	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H-15</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-15, 1948</u> , to <u>1-20, 1949</u> , that I last saw the deceased alive on <u>1-20, 1949</u> , and that death occurred at <u>9 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J.C. Sherard, M.D.</u>				23b. ADDRESS <u>2702a Franklin</u>		23c. DATE SIGNED <u>1-21-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>1-28-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE RECD BY LOCAL <u>JAN 24 1949</u>		REGISTRAR'S SIGNATURE <u>J.B. Forster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ellis Funeral Home, 2820 Stoddard St.</u>			

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

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Fulton E. Culkin

Licensed Embalmer No.

4198

P. O. Address

St. Louis 13, 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.