

No. 300
10.48

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10916
Registrar's No. 3063 40

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY ST. LOUIS | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION RES: 7370 MARYLAND AVE. | | d. STREET ADDRESS (If rural, give location) 7370 MARYLAND AVE. | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) BAKER | b. (Middle) | c. (Last) TERRY | 4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 14 1949. |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH June 23, 1898. | 9. AGE (In years last birthday) 50. | IF UNDER 1 YEAR Months 7. Days 21. | IF UNDER 1 HR. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor.. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Fulton, Missouri. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME George G. Terry. | 13b. MOTHER'S MAIDEN NAME Myrtle F. Baker. | 14. NAME OF HUSBAND OR WIFE Mary O'Rear Terry. |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes. W.W.I. | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mrs Terry, 7370 Maryland Ave., | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction | | few mins |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) 4201 | | 18 mos |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus | | 12 mos | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 6' | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from Aug., 1947, to Feb. 14, 1949, that I last saw the deceased alive on Jan., 1949, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Grace E. Berger, M.D. | 23b. ADDRESS 114 W. Taylor Ave; St. Louis | 23c. DATE SIGNED 2-14-49 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal. | 24b. DATE 2/16/49. | 24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery.. | 24d. LOCATION (City, town, or county) (State) Fulton, Missouri. |
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| DATE REC'D BY LOCAL REG. 2-16-49 | REGISTRAR'S SIGNATURE Thurid Lupton MD | 25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons. | ADDRESS #7233 Delmar Blvd., |
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No. *3864*

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.