

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH35645  
State File No. 8741

318

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 1003 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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. FULL NAME OF HOSPITAL OR INSTITUTION 4545 St. Louis Ave	
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle)	
c. (Last) Terrentz		4. DATE OF DEATH 10 9 49		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jany. 14, 1870	
9. AGE (In years last birthday) 79		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Packing	
11. BIRTHPLACE (State or foreign country) Romania		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Lucas Terrentz	
13b. MOTHER'S MAIDEN NAME Anna Zell		14. NAME OF HUSBAND OR WIFE Sarah (Janesch) Terrentz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs Sarah Terrentz, 4525 St. Louis		ADDRESS	
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) Cortic Stenosis Pneumatic heart dis (?) DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Gen. Smilitz		INTERVAL BETWEEN ONSET AND DEATH years.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Louis, Mo. 4525	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4/6x	
22. I hereby certify that I attended the deceased from Feb. 22, 1949, to _____, 19____, that I last saw the deceased alive on Dec 6, 1948 and that death occurred at 7:00 a.m., from the causes and on the date stated above.					
23a. SIGNATURE Dorothy Eck		23b. ADDRESS 4901 St. Louis Ave		23c. DATE SIGNED Oct. 10, 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 10-12-49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kraeger-Voss, Inc.		ADDRESS 3402 N. Kingshigh	
DATE REC'D BY LOCAL REG. OCT 11 1949		REGISTRAR'S SIGNATURE J. B. Rosater		25. FUNERAL DIRECTOR'S SIGNATURE Kraeger-Voss, Inc.	

(Licensed Embalmer's Statement on Reverse Side)

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 Me

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed George W. Wilkinson

Licensed Embalmer No. 3575

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.