

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18709  
Registrar's No. 4630

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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)	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069	
		d. STREET ADDRESS (If rural, give location) 5046 St. Louis Ave. 0	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) W.	c. (Last) Terry	4. DATE OF DEATH (Month) (Day) (Year) 5/24/50
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, SEPARATED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12/21/1898	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days	IF OVER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Little Rock, Ark. /	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John Terry	13b. MOTHER'S MAIDEN NAME Mary Fitzgerald	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Frank Terry	ADDRESS 5046 St. Louis Ave.
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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, asphyxia, 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) Coronary Occlusion		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis, old DUE TO (c) Fracture right femur.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. True cause and manner of same could not be determined			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION be determined Accident NO	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 69319
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? 6/24/47

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor M.D. 3. Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 5.25.50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/27/50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. MAY 25 1950	REGISTRAR'S SIGNATURE J. B. Basler	25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Funeral Dir. 2849 Euclid	ADDRESS
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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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Robert Binkema*  
Student Embalmer No. ....

Licensed Embalmer No. *3553*

P. O. Address.....

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.