

No. 300
10-48

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7125

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 276

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy
c. LENGTH OF STAY (If in this place) 30 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp. 23

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2339
d. STREET ADDRESS (If rural, give location) 1719 Geyer Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Phillip b. (Middle) DONALD c. (Last) TERRY

4. DATE OF DEATH (Month) (Day) (Year)
January 31 - 51

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S

8. DATE OF BIRTH 6-11-49

9. AGE (In years last birthday) 1 7 20
If under 1 year: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME James Terry

13b. MOTHER'S MAIDEN NAME Edith Adams

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
James Terry 1719 Geyer Avenue

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) septicemia - peritonitis
ANTECEDENT CAUSES
DUE TO (b) paralytic ileus
DUE TO (c) perforated appendix
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 5501

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
abdomen had free pus, perforated appendix

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 27, 1951, to Jan 31, 1951, that I last saw the deceased alive on Jan 31, 1951, and that death occurred at 12:00 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. J. Triplett D.O.

23b. ADDRESS 1800 A Lafayette Blvd

23c. DATE SIGNED 1/31/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-2-51

24c. NAME OF CEMETERY OR CREMATORY. Mount Hope

24d. LOCATION (City, town, or county) (State) St. Louis County Missouri

DATE REC'D BY LOCAL REG. 2/1/51

REGISTRAR'S SIGNATURE Herbert J. Donke

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
McLaughlin's 2301 Lafayette Av

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

40000

MAR 14 1951

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.

Student Embalmer No.

Signed

A. G. Harris

Signed.....

Student Embalmer

Licensed Embalmer No. *3384*

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.