V.S. No. 300
Rev. 10.48

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22737

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5457

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. Louis
c. LENGTH OF STAY (in this place): 55, Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. Louis 2207
d. STREET ADDRESS (If rural, give location): 2505, North Elloitt

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle):
c. (Last): Terry

4. DATE OF DEATH (Month) (Day) (Year): June 10 1952

5. SEX: Female 3
6. COLOR OR RACE: COL.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Aug.ust II 1896
9. AGE (In years last birthday): 55 — If under 1 year: Months 9, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Domesticts
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: US.A

13a. FATHER'S NAME: Spotwood Rice
13b. MOTHER'S MAIDEN NAME: Kate Nelson
14. NAME OF HUSBAND OR WIFE: Sidney Terry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S SIGNATURE OR NAME: Sidney Terry — ADDRESS: 2505, North Elloit

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular Disease — "
DUE TO (c): Undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 443 X

22. *I hereby certify that I attended the deceased from* 6-9, 19 52, *to* 6-10, 19 52, *that I last saw the deceased alive on* 6-10, 19 52, *and that death occurred at* 5:35a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edna E Brooks M. D. 0
23b. ADDRESS: 2601 N Whittier St
23c. DATE SIGNED: 6-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: 6-16- 1952
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson Barracks Mo.

DATE REC'D BY LOCAL REG.: JUN 13 1952
REGISTRAR'S SIGNATURE: J Earl Smith M.D. m83
25. FUNERAL DIRECTOR'S SIGNATURE: Estella S. White — ADDRESS: 2616 N. Garr

(Licensed Embalmer's Statement on Reverse Side)

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 Leroy U. Bannister

Licensed Embalmer No. 4528

P. O. Address 3880 Easton

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.