

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

36150

State File No. ....

FILED NOV 14 1952

318

1003

Registrar's No. 9354

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony's Hospital</b>				d. STREET ADDRESS (If final, give location) <b>3623 Manhattan Ave.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>TERRY</b> b. (Middle) <b>LEE</b> c. (Last) <b>BASDEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-8-1952</b>					
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>1-30-1947</b>	9. AGE (In years last birthday) <b>5</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>8</b>	IF UNDER 24 HRS. Hours <b>8</b> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NIL</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NIL</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>UNKNOWN</b>			13b. MOTHER'S MAIDEN NAME <b>IRENE BASDEN</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Odell Morrison, above</b>				
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) <b>Chromolites, myelolites</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>080.3</b>				
22. I hereby certify that I attended the deceased from <b>10/3, 1952</b> , to <b>10/8, 1952</b> , that I last saw the deceased alive on <b>6/8, 1952</b> , and that death occurred at <b>6:25 Am.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>C. King</b>				23b. ADDRESS <b>3211 So Grand</b>		23c. DATE SIGNED <b>10/9/52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-10-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>OCT 10 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JAY B. SMITH, Maplewood, Mo.</b>				

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. P. Burgess

Licensed Embalmer (No. 4029)

P. O. Address Maplewood

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.