

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36924**
Registrar's No. **9758**

FILED NOV 13 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 19 4003 West Pine	
3. NAME OF DECEASED (Type or Print) a. (First) Vincent b. (Middle) Alfred c. (Last) TERRY		4. DATE OF DEATH (Month) (Day) (Year) Oct. 22 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 26, 1912
9. AGE (In years last birthday) 39		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	
11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Terry		13b. MOTHER'S MAIDEN NAME Lillian Burke	
14. NAME OF HUSBAND OR WIFE Ruby Terry		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. 304-09-9602		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Terry 4003 West Pine	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) malignant hypertension 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 445X		22. I hereby certify that I attended the deceased from Oct. 15, 1952 , to Oct 22, 1952 , that I last saw the deceased alive on Oct 22, 1952 , and that death occurred at 8:30 m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) R. A. Murbarton M.D.		23b. ADDRESS 3701 Grandel Sq	
23c. DATE SIGNED 10-23-52		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVE	
24b. DATE 10-23-52		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Indianapolis Ind.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Smith M.D. Will B. L. & U. Co. 2929 S. Jefferson	
DATE REC'D BY LOCAL REG. OCT 23 1952		REGISTRAR'S SIGNATURE J. C. Smith M.D. (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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. M. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 3741

P. O. Address 2929 1/2 Jefferson

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.