

4000

FILED DEC 12 1952

STANDARD CERTIFICATE OF DEATH

State File No. 3069

REG #105475

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 200

REGISTRAR'S NO. 3069

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS**
b. CITY (If outside corporate limits, write RURAL and give town) **JEFFERSON BARRACKS**
c. LENGTH OF STAY (In this place) **55 DAYS**
d. FULL NAME OF HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSP**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI**
b. COUNTY **ST. LOUIS**
c. CITY (If outside corporate limits, write RURAL and give township) **ST. LOUIS**
d. STREET ADDRESS (If rural, give location) **1915 WHITTIER**

3. NAME OF DECEASED
a. (First) **WILLIAM**
b. (Middle) **TERRELL**
c. (Last) **TERRELL**

4. DATE OF DEATH (Month) (Day) (Year) **11-26-52**

5. SEX **MALE**
6. COLOR OR RACE **NEGRO**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **DIVORCED**

8. DATE OF BIRTH **5-23-90**

9. AGE (In years last birthday) **62**
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 24 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **LABORER**
10b. KIND OF BUSINESS OR INDUSTRY **UNKNOWN**

11. BIRTHPLACE (City and State or Foreign Country) **CLAYBORN CO., MISS.**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **RICHARD TERRELL**
13b. MOTHER'S MAIDEN NAME **ROSIE WILLIAMS**
14. NAME OF HUSBAND OR WIFE **NONE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WW I**
16. SOCIAL SECURITY NO. **UNKNOWN**
17. INFORMANT'S SIGNATURE OR NAME **VA HOSPITAL RECORDS, JEFF. BRKS., MO.**
ADDRESS _____

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **HYPERTENSIVE CARDIOVASCULAR DISEASE**
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) **332X**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **CEREBRAL THROMBOSIS, LEFT**

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) **VA**
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 **10-3-52**, 19____, to **11-26-52**, 19____, and that death occurred at **11:35 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Herbert D. Dombek MD**
23b. ADDRESS **VAH, JEFFERSON BARRACKS, MO.**
23c. DATE SIGNED **11-27-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
24b. DATE **11-23-52**
24c. NAME OF CEMETERY OR CREMATORY **National Cemetery**
24d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Mo.**

DATE REC'D BY LOCAL REG. **11-29-52**
REGISTRAR'S SIGNATURE **Herbert D. Dombek**
FUNERAL DIRECTOR'S SIGNATURE **W. English**
ADDRESS **1123 W. Taylor**

(Licensed Embalmer's Statement on Reverse Side)

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

311 02 12

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 A. D. Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.