

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32270
7703

FILED SEP 16 1954

State File No.
Registrar's No.

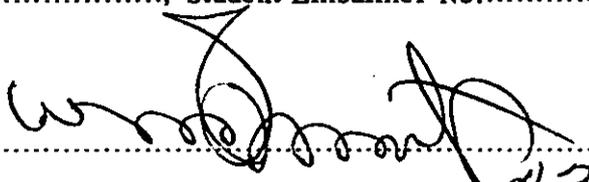
BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 3208 Lawton		2219					
3. NAME OF DECEASED (Type or Print) a. (First) Ruby			b. (Middle)			c. (Last) Terry			4. DATE OF DEATH (Month) (Day) (Year) 8 18 54		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Sept. 17, 1917		9. AGE (In years last birthday) 36	10. UNDER 1 YEAR Days 11	11. UNDER 24 Hrs. Hours Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress			10b. KIND OF BUSINESS OR INDUSTRY Restaurant			11. BIRTHPLACE (City and State or Foreign Country) Vicksburg, Miss.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Sam Terry			13b. MOTHER'S MAIDEN NAME Willie Ann Farris			14. NAME OF HUSBAND OR WIFE Divorced					
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. None			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Callie Wilmer 3208 Lawton					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease with Decompensation						Undt.	
				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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) T.A.H.		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? 4217							
22. I hereby certify that I attended the deceased from 8-5 , 19 54 , to 8-18 , 19 54 , that I last saw the deceased alive on 8-18 , 19 54 , and that death occurred at 1:00P.m. , from the causes and on the date stated above.											
23a. SIGNATURE Joseph Epron (Degree or title) M.D.				23b. ADDRESS 2601 N. Whittier				23c. DATE SIGNED 8-18-54			
24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 23, 54		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetary		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					
DATE REC'D BY LOCAL REG. AUG 19 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Smith 4019 Washington					

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No..... 23

P. O. Address..... St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.