

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18218**
3665BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** 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) TOWN st. Louis		c. CITY OR TOWN st. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (DOA) Homer Phillips Hospital		e. STREET ADDRESS (If rural, give location) 4650 St. Louis Ave.		21170	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) TERREACY		b. (Middle)		c. (Last) LEWIS	
			April 10, 1956		

5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 25, 1912		9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.	
------------------	--	---------------------------	--	---	--	------------------------------------	--	---------------------------------------	--	--------------------------------	--	-------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kitchen Helper			10b. KIND OF BUSINESS OR INDUSTRY Cafeteria			11. BIRTHPLACE (City and State or Foreign Country) Hollysprings, Mississippi			12. CITIZEN OF WHAT COUNTRY? USA		
---	--	--	--	--	--	---	--	--	-------------------------------------	--	--

13a. FATHER'S NAME John H. Royston			13b. MOTHER'S MAIDEN NAME Viola Berry			14. NAME OF HUSBAND OR WIFE		
---------------------------------------	--	--	--	--	--	-----------------------------	--	--

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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Wm Royston		ADDRESS 731 Trendley, E. St. Louis, Ill	
--	--	------------------------------------	--	---	--	--	--

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 Subdural Hemorrhage, Traumatic amputation of left leg, suffered due to street trolley accident by out front Floyd at intersection of Sarah and St. Louis Ave. about 8:00 pm., April 10th 1956.				INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition directly leading to death. Carelessness or accidental means could not be determined					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carelessness or accidental means could not be determined				20. AUTOBIOGRAPHY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	--	--	--	--	---	--

21a. ACCIDENT SUICIDE OR HOMICIDE Verdict		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
--	--	--	--	---	--

21d. TIME OF INJURY Apr 10 56 8:00 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 812.4 2.5	
--	--	--	--	--	--

22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4/11/56	
-------------------------------------	--	----------------------------	--	-----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 16, 1956		24c. NAME OF CEMETERY OR CREMATORY Washington park		24d. LOCATION (City, town, or county) (State) St. Louis, County, Missouri	
---	--	-----------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. APR 12 1956		REGISTRAR'S SIGNATURE J. Carl Smith md		25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home-East St. Louis, Ill.		ADDRESS	
---	--	---	--	--	--	---------	--

S. P. (Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1956

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..... *Thomas M. Hobbs*

Licensed Embalmer No..... 4479

P. O. Address..... 2205 Missouri East 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.