

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

 State File No. **3131**  
 Registrar's No. **438**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>3131</b>		Registrar's No. <b>438</b>						
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. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		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 <b>D.O.A. Homer Phillips Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>4429 Kennerly Ave. Apt. 3</b>										
3. NAME OF DECEASED (Type or Print) <b>DEAN</b>			a. (First)		b. (Middle)		c. (Last) <b>TERRY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 12, 1957</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 26, 1903</b>		9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Gov't Record Center Hannibal, Missouri</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>U. S. A.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>				
13a. FATHER'S NAME <b>Charles Terry</b>				13b. MOTHER'S MAIDEN NAME <b>Unknown</b>				14. NAME OF HUSBAND OR WIFE <b>Ann Terry</b>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>				16. SOCIAL SECURITY NO. <b>486-20-5529</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ann Terry</b>				ADDRESS <b>4429 Kennerly</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Coronary Occlusion (Sclerosis).</b>														
MEDICAL CERTIFICATION														
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____														
INTERVAL BETWEEN ONSET AND DEATH _____														
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.														
ANTECEDENT CAUSES														
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 <b>420.1</b>				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? _____								
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>10-50, 19____</b> , and that death occurred at <b>10:50P.</b> , from the causes and on the date stated above.														
23a. SIGNATURE <b>James M. Kelly</b> (Degree or title) <b>Dr.</b>						23b. ADDRESS <b>1300 Clark</b>			23c. DATE SIGNED <b>1-15-57</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24b. DATE <b>1/16/57</b>			24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>					
DATE REC'D BY LOCAL REG. <b>JAN 15 '57</b>			REGISTRAR'S SIGNATURE <b>Carl Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>			ADDRESS <b>4107 Finney</b>					

(Licensed Embalmer's Statement on Reverse Side)

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..1825...

P. O. Address 4107 Finney A

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.