

with, Welfare Public Service

300 -56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

deeper, coroner, etc. must be causally related. Coroner cannot certify to a death due to natural causes.

FILED JUL 26 1957

STANDARD CERTIFICATE OF DEATH

26627

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6126

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE Ohio b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri.		c. CITY OR TOWN Dayton 8340 S	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS 33 624 South Main St.,	
3. NAME OF DECEASED (Type or print) First Middle Last Clyde O. Terry		4. DATE OF DEATH Month Day Year June 18, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 17, 1905
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9b. KIND OF BUSINESS OR INDUSTRY General	9c. AGE (In years last birthday) 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. AGE (In years last birthday)
11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Terry		14. MOTHER'S MAIDEN NAME Nancy Phillips	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No Nil		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Charles Terry, Covington, Kentucky		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Skull; Epidural Hematoma; E936.9 DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS (Enter nature of death, length of life, and the terminal disease conditions in Part I.) No delay June 15 1957			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> Verdict <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) about 800 ft. crash line, nose came and margin of same could not be determined	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1030 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 7. 1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-29-57	
23c. NAME OF CEMETERY OR CREMATORY Sutton Cemetery		23d. LOCATION (City, town, or county) Corbin, Kentucky	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. III 1-57	
		26. REGISTRAR'S SIGNATURE J. Carl Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

10-1-57

of:

John

St. Louis, Missouri

1234 South Main St.

St. Louis City Hospital

James M. Terry

Terry

0

Clive

1234 South Main St.

St. Louis, Missouri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Charles P. Sadler*

Licensed Embalmer No. *40*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.