Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042344

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1008 Registrar's No. 11126

FILED DEC 9 1958

1. PLACE OF DEATH a. COUNTY

b. CITY OR TOWN St. Louis — Inside Limits Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 27 Homer G. Phillips — Length of stay in 1b 62 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 2191 712a N. Newstead — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Lester Middle Last Terry

4. DATE OF DEATH Month 11 Day 17 Year 58

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH 3-17-1896

9. AGE (In years on 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 —

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME James Terry

13b. MOTHER'S MAIDEN NAME Mary Price

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO. 497-10-0542

17. INFORMANT Delia Jackson Address 1610 N. Leffingwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Traumatic Massive intra cerebral Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) E902.0

DUE TO (c) 21

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition: Contusion (Communicated) of skull with laceration of Brain

WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II above) Hit from behind by pouch to alley in vicinity of 712 North Newstead, on November 10, 1958.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 11 10 58

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 19 Street

20f. CITY, TOWN, OR LOCATION St Louis COUNTY STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 9:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner

22b. ADDRESS 300 Clark

22c. DATE SIGNED 11/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 11-21-58

23c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks

23d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

24. FUNERAL DIRECTOR Manuel Und. Co. ADDRESS 1711 N. Taylor

25. DATE REC'D BY LOCAL REG. NOV 19 1958

26. REGISTRAR'S SIGNATURE Earl Smith MD

MB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 W. Claude Gordo

Licensed Embalmer No. 3489

P. O. Address 4575 Ale

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.