URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-042609

FILED VS DEC 7 1959

MENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210769

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b

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

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Incarnate Word Hosp.
Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 3431 Ohio
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First EMMA Middle C. Last TERRY

4. DATE OF DEATH: Month 11 Day 20 Year 59

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12/30/83

9. AGE (last birthday): 75

IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Illinois

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

13a. FATHER'S NAME: Charles Thimming

13b. MOTHER'S MAIDEN NAME: Catherine Kasabaum

14. NAME OF HUSBAND OR WIFE: Lawrence Terry

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

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Lawrence Terry, 3431 Ohio
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Posterior infarction — INTERVAL BETWEEN ONSET AND DEATH: 11-14-59

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

DUE TO (b) Arteriosclerotic Heart Disease. — several months

~~DUE TO~~ (c) Hypertension 420.0 — present 3-12-49

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-12-49, to 11-20-59 and last saw her/him alive on 11-20-59

Death occurred at 12:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John T Flynn (Degree or title) BS MD

22b. ADDRESS: 1715 So 39th St Louis Mo

22c. DATE SIGNED: 11-20-59

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

23b. DATE: 11/23/59

23c. NAME OF CEMETERY OR CREMATORY: Tilden Cemetery

23d. LOCATION (City, town, or county) (State): Tilden Illinois

24. FUNERAL DIRECTOR: McLaughlin's, 2301 Lafayette
ADDRESS

25. DATE RECD. BY LOCAL REG.: NOV 23 1959

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MBC

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James R. Chupem

Licensed Embalmer No. 4 55

P. O. Address St. Louis

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