

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042833

FILED **NOV 30 1959**

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2963

ENDED

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Length of stay in 1b 13 hrs.	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3655 Russell Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Vera Middle S Last Terschulose			4. DATE OF DEATH Month Nov. Day 6 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-12-1902	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days 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 None	11. BIRTHPLACE (City and state or country) Saline Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Will Aulgur		13b. MOTHER'S MAIDEN NAME Ethel Stephens		14. NAME OF HUSBAND OR WIFE H.E. Terschulose	
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. unk.		17. INFORMANT St. Louis, Missouri H.E. Terschulose-3655 Russell Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolism					INTERVAL BETWEEN ONSET AND DEATH 16 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease					6 yrs.
DUE TO (c) 416x					
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <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 Marshall, Mo.		COUNTY STATE
21. I attended the deceased from 4-18-53 to 11-5-59 and last saw her/him alive on 11-4-59 Death occurred at 9:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Michael Julick M.D.			22b. ADDRESS 9012 Manchester Rd.		22c. DATE SIGNED 11-7-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-9, 1959	23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cem.		23d. LOCATION (City, town, or county) (State) Marshall, Mo.	
24. FUNERAL DIRECTOR Sweeney-Reiser Fun. Home-Missouri		ADDRESS Marshall,	25. DATE RECD. BY LOCAL REG. 11-7-59		26. REGISTRAR'S SIGNATURE J. M. Sweeney

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Richard J. Lee Jr.

Licensed Embalmer No. 4800

P. O. Address Richwood 27

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.