RI. DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

[redacted]

FILED VS MAR 11 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2487 STATE FILE NUMBER 60-008960

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b: 49 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETS. ADMIN. HOSPT. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: St.Charles
c. CITY OR TOWN: ST. CHARLES — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 806 S. 4TH ST. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: RICHARD — Middle: F. — Last: TERNI

4. DATE OF DEATH: Month: MARCH — Day: 2 — Year: 1960

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8/8/09

9. AGE (last birthday): 50 — 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): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: RICHARD TERNI

13b. MOTHER'S MAIDEN NAME: CLARA DICKMANN

14. NAME OF HUSBAND OR WIFE: DOROTHY TERNI

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

16. SOCIAL SECURITY NO.:

17. INFORMANT: DOROTHY TERNI — Address: 806 S. 4TH ST. ST. CHARLES, MO.

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARCINOMATOSIS ABDOMINAL	6 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CARCINOMA OF COLON 153.8	-
DUE TO (c)	- - -	-

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 VA attended the deceased from 1/13/60, to 3/2/60 and last saw ~~her~~ him alive on 3/2/60
Death occurred at 9:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William ~~WILLIAM H. HOBBACK~~ M.D.

22b. ADDRESS: VAH, ST. LOUIS, MO.

22c. DATE SIGNED: 3/3/60

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

23b. DATE: 3-6-60

23c. NAME OF CEMETERY OR CREMATORY: St.Johns Cemetery

23d. LOCATION (City, town, or county) (State): St.Charles,Missouri

24. FUNERAL DIRECTOR: Arthur C.Baue — ADDRESS: St.Charles,Missouri

25. DATE RECD. BY LOCAL REG.: MAR 3 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. m g c

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT — MEDICAL CERTIFICATION — BY AFFIDAVIT OF

AUG 8 1960

STATEMENT BY LICENSED EMBALMER

MAR 14 196

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur C. Bare

Licensed Embalmer No. AV 3155

P. O. Address St. Charl

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