

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space 2876

*Willems*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**1. PLACE OF DEATH**  
 County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City..... St. Louis Mo. (No. Barnes Hospital) St. .... Ward)

**2. FULL NAME** John Ternell  
 (a) Residence. No..... St., 12 Ward. Hartford Ill  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male    **4. COLOR OR RACE** white    **5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (write the word)** Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** [Signature]

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** [Signature]

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, hrs. or min.</b>
<u>about 50</u>				

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Shoe worker  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer International Shoe Co

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Not known

**10. NAME OF FATHER** Not known

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Not known

**12. MAIDEN NAME OF MOTHER** Not known

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Not known

**14. INFORMANT** Harry Pape  
 (Address) 3515 S Broadway

**15. FILED** 13 1928 Man G. Starckoff  
 REGISTERED

**3 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 11 - 11 1928

**17. I HEREBY CERTIFY, That I attended deceased from** 12 - 27, 1927, to 1 - 11, 1928.  
 that I last saw him..... alive on 1 - 11, 1928, and that death occurred, on the date stated above, at 10:45 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Carcinoma of stomach  
4 1/2  
129 4 1/2 (duration) 1 yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)** General Peritonitis  
 (duration) .... yrs. .... mos. 5 ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....

**1 DID AN OPERATION PRECEDE DEATH?** no DATE OF 1/6/28

**WAS THERE AN AUTOPSY?** yes

**WHAT TEST CONFIRMED DIAGNOSIS?** Exam of tissue  
 (Signed) A. H. Heidenman, M. D.  
 , 19 (Address) Barnes Hospital

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Memorial Park Cem DATE OF BURIAL Jan 13 1928

**20. UNDERTAKER** Fred W. Williams ADDRESS 4561 Delmar

