

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.

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

39881
Do not use this space.

DEC 13 1937

791
1003

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. ST. LOUIS CH. DEPT. 10868
(c) City St. Louis, Mo. (d) Street No. 500 S. Kings Highway (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred — yrs. — mos. 20 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Terry Wayne Wrigley
(a) Residence, No. 423 S. Clinton, Collinsville, Ill. (Usual place of abode, if no street address, write county or city) Illinois (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-13-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collinsville, Ill.

FATHER 13. NAME Harry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Gladys Sams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) M. E. Matthews
500 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE Collinsville DATE Nov. 25, 1937

19. FUNERAL DIRECTOR (ADDRESS) Home Funeral Home
Collinsville, Missouri

20. FILED NOV 24 1937 J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1937, to 11-21, 1937

I last saw him alive on 11-21, 1937 at 9 a.m. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Pyloric Stenosis Date of onset 10-18-37
Pyelitis noncalculosa 11-15-37
H. Schrepsie
Septicemia from stenosis 11-19-37

Other contributory causes of importance:
157d

Name of operation Pyloroplasty Date of 11-3-37
What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ralph W. Barlow, M. D.
(Address) 500 S. Kings Highway

10868

10868

STATEMENT BY LICENSED EMBALMER

I, Vincent A. Allen, Licensed Embalmer No. 1148

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Vincent A. Allen
Licensed Embalmer No. 1142

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.)