

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

17044
 Do not use this space.

791
 1003

4522

1. PLACE OF DEATH

(a) County..... Registration District No.
 (b) Township..... Primary Registration District No. Registered No.
 (c) City St. Louis, (d) Street No. Isolation Hospital St.
 (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 60 Viola Terry

(a) Residence, No. 1219 Armstrong St. 22
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 6 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) St. Louis Missouri

FATHER 13. NAME Arthur Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME June Gahernathy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Mr Barry 5600 Audubon St

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE 5-23-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Boyd Bros 13704 Finney Ave., St. Louis

20. FILED MAY 22 1940 J. F. Bucholtz Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1940 to May 19, 1940

I last saw her alive on May 19, 1940 p. Death is said to have occurred on the date stated above, at 3:45 m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset

Other contributory causes of importance

Name of operation Date of
 What test confirmed diagnosis? X-Ray Sputum 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? no

If so, specify (Signed) Dr. Maxwell M. D.
 (Address) Isolation Hosp., St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 15 1940

1 X18905

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Fair

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 this body is not embalmed, above space should be left blank.