

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 291

FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 291

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2549 Bremen Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frances R. Terhuwen

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 491-14-53

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Chas. Terhuwen 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Dec. 21st, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 0 20 hr. min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian

11. Industry or business Missippi Valley Trust Co

12. Name Patrick H. Roach

13. Birthplace Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Malone

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Terhuwen

(b) Address 2549 Bremen Ave.

17. (a) Burial (b) Date thereof 1-14-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLEY

18. (a) Signature of funeral director Robert H. G.

(b) Address 2710 N. Grand Bldg.

19. (a) JAN 12 1941 (b) J. F. Budek  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2549 Bremen Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th.  
 year 1941 hour 10.00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Dec. 12, 1941, to Jan. 11, 1941;

that I last saw her alive on Jan 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral of Fever Duration hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury 0

23. Signature J. F. Budek (M. D. or other) \_\_\_\_\_

Address 468 Franklin Ave. Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

**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 me

Kenneth Jones, Registered Apprentice No. 238  
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 5110 N. Grand St

**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.**