No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 480

Registration District No. 791 (10 FEB 25 1941)

Primary Registration District No. 1003

Registrar's No. 480

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Festus NR3
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Lillian Marie Terry

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife P. S. Terry Jr.

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased June (Month) 16 (Day) 1915 (Year)

8. AGE: Years 25 | Months 6 | Days 29 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William H. Bauer
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Myille Cadwalader
15. Birthplace Kimswick (City, town, or county) Missouri (State or foreign country)

16. (a) Informant P. S. Terry Jr.
(b) Address Festus, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/41 (Month) (Day) (Year)
(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JAN 16 1941 (Date received local registrar) (b) J. M. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1941 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 1 - 1941, 19 , to Jan 14, 1941
that I last saw her alive on Jan 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Ac endocarditis caused by ?

Due to Streptococcic Virdens

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9/0

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

23. Signature [signature] (M. D. or other)
Address 607 N. Grand Date signed 1-16-41

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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, fact should be so stated above.