

Registration District No. 1943 873

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 mos. 4 days
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 823 N. 186th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tom Terry

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race Negro 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 6, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 11 21 _____ hr. _____ min.

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

10. Usual occupation Unk.

11. Industry or business _____

12. Name Tom Terry

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

14. Maiden name Margaret Wilson

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

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier

17. (a) Autopsy Report (b) Date thereof 7-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____ (c) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27,
year 1943 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from April
23, 19 43 to July 27, 19 43

that I last saw him alive on July 27, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Unknown

Due to _____

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) (A) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 2601 Whittier Date signed 7/29/43

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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.....

Licensed Embalmer No.....

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.