FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 25 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 15715

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1005

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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo; 9 days (Specify whether years, months or days)
In this community 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1523 Leffingwell (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jefferson Hayes 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 Married
6. (b) Name of husband or wife Essie J. Haynes Terry
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased 2/6/1887 (Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Leon County, Texas (City, town, or county) (State or foreign country)
10. Usual occupation Hotel Laborer
11. Industry or business
FATHER 12. Name Unknwon
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Essie J. Terry
(b) Address 1523 N. Leffingwell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Porter Funeral Home
(b) Address 3028 Dickson Street
19. (a) APR 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1947 hour 10 minute 40 AM.

21. I hereby certify that I attended the deceased from March 3, 1947 to April 12, 1947 that I last saw him alive on April 12, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Pernicious Anemia | Unk |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN — Underline the cause of 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 E B Williams (M. D. ~~or other~~)
Address 260 N. Whittier Date signed 4-16-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Embalmers separate cert. to be filed.

APR 17 [illegible]

## 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.**