. S. No. 2
DM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 29 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 36715

Registrar's No. 2260

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Vets. Admn. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 1723 Carver Lane (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 6
If yes, name country: —

3. (a) PRINT FULL NAME: TERRY, Oliver B.
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: Unknown

4. Sex: Male 2
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: married 1
6. (b) Name of husband or wife: Mrs. Bernice Terry
6. (c) Age of husband or wife if alive: 40 years
7. Birth date of deceased: November (Month) 19 (Day) 1892 (Year)

8. AGE: Years 54 | Months 11 | Days 4 | If less than one day: hr. min.

9. Birthplace: Hannibal, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: None
11. Industry or business: —
FATHER
12. Name: Unknown 9
13. Birthplace: Unknown (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name: Unknown 9
15. Birthplace: Unknown (City, town, or county) 1 (State or foreign country)
16. (a) Informant: Registrar
(b) Address: Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Gate Fun. Home.
(b) Address: Finney Ave. St. Louis, Mo.
19. (a) 10-28-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: October day: 23rd year: 1947 hour: 10 minute: 00 A.M.
21. I hereby certify that I attended the deceased from October 21, 1947 to October 23, 1947; that I last saw him alive on October 23, 1947; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Arteriosclerotic heart disease- Cardiac decompensation (Acute pulmonary edema)
Due to:
Due to: 932
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: Autopsy performed (See cause of death)

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: — 0
(f) Signature: B. B. Stilwell (M. D.)
Address: Jefferson Barracks, Mo. Date signed: 10/23/47

Jefferson City Printing Co.
(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 Thomas J. Gates, Registered Apprentice No. _____, working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.