

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 3327
 Registrar's No. 1052

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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| BIRTH NO. | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | State File No. <u>3327</u> | | Registrar's No. <u>1052</u> | |
| 1. PLACE OF DEATH a. COUNTY | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | | d. STREET ADDRESS (If rural, give location) <u>4861 Farlin Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u> | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNH</u> | | | b. (Middle) <u>STRICKLAND</u> | | c. (Last) <u>TERRELL</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>February 2, 1949</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>March 30, 1881</u> | | 9. AGE (In years last birthday) <u>67</u> # UNDER 1 YEAR Months Days # UNDER 1 MTH. Hours Mts. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Jefferson County Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>America</u> | |
| 13a. FATHER'S NAME <u>Landon Strickland</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Martha Haverstick</u> | | 14. NAME OF HUSBAND OR WIFE <u>John B. Terrell</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no none</u> | | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George H. Strickland, 1293 Purcell Ave.</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Venous Stasis following</u> DUE TO (c) <u>hypertension + Cardiac decompensation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio sclerotic Cordis Vas Arteriosum</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> <u>3 mo</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from <u>1940</u> , to <u>Feb 2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 1</u> , 19 <u>49</u> , and that death occurred at <u>12:35A</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>D. C. Lindeman M.D.</u> | | | | 23b. ADDRESS <u>4126 S. Shrew Ave.</u> | | | 23c. DATE SIGNED <u>2/3/49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb 4, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>EB 3 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Casater</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shepard Funeral Home, 1167 Hamilton Avenue.</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 me

Student Embalmer No. _____

working under my personal supervision.

Signed Ray W Wilkerson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

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.