

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39357

FILED NOV 25 1949

318

1003

State File No. 9864

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (in this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) Farber		d. STREET ADDRESS (If rural, give location) HR	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Barnes Hospital				4. DATE OF DEATH (Month) (Day) (Year) Nov. 14 1949			
3. NAME OF DECEASED (Type or Print) a. (First) Beulah		b. (Middle) Madelaine		c. (Last) TERRY		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 14, 1905		9. AGE (In years last birthday) 44	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Oceola, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Charles Prock		13b. MOTHER'S MAIDEN NAME Laura Sterrett		14. NAME OF HUSBAND OR WIFE Floyd William Terry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Lee Kampeter, Farber, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inflammatory INFLAMMATORY ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 mo.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 50		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 170X				22. I hereby certify that I attended the deceased from Oct. 15, 1949 , to Nov. 14, 1949 , that I last saw the deceased alive on Nov. 13, 1949 , and that death occurred at 10:50am. , from the causes and on the date stated above.	
23a. SIGNATURE A. D. Hoppe (Print or title)		23b. ADDRESS 4700 Washington Blvd. MO		23c. DATE SIGNED Nov 14 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-15-49		24c. NAME OF CEMETERY OR CREMATORY Farber, Mo.		24d. LOCATION (City, town, or county) (State) Farber, Mo.	
DATE REC'D BY LOCAL REG. NOV 15 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

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

DEC 12 1949

DEC 3 1949

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.

Student
Student Embalmer

Signed Edward H. Remelius

Licensed Embalmer No. 4283

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.