

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43978

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10574**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. LOUIS | | c. CITY OR TOWN ST. LOUIS | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS HOSP. | | d. STREET ADDRESS (If outside, give location) 4724 LEE AVE. | |
| 3. NAME OF DECEASED (Type or print) First DANIEL Middle MICHAEL Last TERRY | | 4. DATE OF DEATH Month NOV. Day 19 Year 1956 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH SEPT. 28, 1956 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 11. BIRTHPLACE (City and state or country) ST. LOUIS, MO. |
| 13. FATHER'S NAME FRANCIS TERRY | | 14. MOTHER'S MAIDEN NAME PATRICIA C. DOYLE | |
| 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. NO. | |
| 17. INFORMANT FRANCIS TERRY | | Address 4724 LEE AVE. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] K PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Leucosarcoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 200.2 | | | INTERVAL BETWEEN ONSET AND DEATH 8 WKS |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from Sept 28 1956 to Nov 19 1956 and last saw her alive on Nov 18 1956 Death occurred at 5:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Dr. C. N. Lideman MD (Degree or title) | | 22b. ADDRESS 4126 S. Shaw Ave | |
| 22c. DATE SIGNED 11/19/56 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | |
| 23b. DATE 11-19-56 | | 23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY | |
| 23d. LOCATION (City, town, or county) JEFFERSON BARBACKS MO. | | (State) | |
| 24. FUNERAL DIRECTOR STROOT CARROLL ADDRESS 4600 NATURAL BRIDGE | | 25. DATE RECD. BY LOCAL REG. NOV 20 1956 | |
| 26. REGISTRAR'S SIGNATURE Carl Smith MD MDB | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I, must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. NO symptoms with no history.

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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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *M. W. Rueter*.....

Licensed Embalmer No. *48*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.