MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4791

File No. 4791

Registered No. 1483

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo (No. Deaconess Hospital St. Ward)

2. FULL NAME Catherine H. Perman

(a) Residence. No. Marvin ave Overland Ward Overland Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 4 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 17th 1851

7. AGE: Years 77 | Months | Days 12 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Freeburg
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Gustav Persson
(Address) Overland 9233 Bristol Mo

15. FILED 1929 Vaul C. Stark Reg. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 29 1929

17. I HEREBY CERTIFY, That I attended deceased from October 4 29, 19 28, to January 29, 19 29 that I last saw h. alive on January 29, 1929, and that death occurred, on the date stated above, at 8:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 myocarditis Chr.
9 days
97

(duration) yrs. 9 mos. 25 ds.

CONTRIBUTORY (SECONDARY) Ch. mit. nephritis arteriosclerosis Hypostatic congestion of lungs.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Overland Mo.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & autopsy

(Signed) G. R. Schaeffler, M. D.

1/30, 1929 (Address) 1021 Mo. Bldg. St Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla

DATE OF BURIAL: Feb 1st 1929

20. UNDERTAKER: Tanner and Morgan

ADDRESS: 6107 Natural Bridge Rd

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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