

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

Do not use this space.

29525

791

1003

File No. _____
Registered No. **8708**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **City Hospital # 2**)

2. FULL NAME

John Perry
(a) Residence, No. **802 N. Jefferson**, **21** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **28** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
4. COLOR OR RACE **col.**
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **9-16-1880**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
48 11 2
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Porter**
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) **N.C.**
(STATE OR COUNTRY)

10. NAME OF FATHER **Henry Perry**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **N.C.**
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER **Unknown**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

14. INFORMANT **A. Gertrude Creath**
(Address) **City Hospital # 2**

15. FILED _____ 19 _____
M. C. Stark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **8-18-1929**
17. I HEREBY CERTIFY, That I attended deceased from **8-11-1929**, 19**29** to **8-18-1929**, 19**29** that I last saw h. ~~him~~ alive on **8-18-1929**, 19**29** and that death occurred, on the date stated above, at **10:40 a.m.**

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilatation
(duration) _____ yrs. _____ mos. **1** ds.
CONTRIBUTORY **Chronic Nephritis**
(SECONDARY) (duration) **11** yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTACTED _____
IF NOT AT PLACE OF BIRTH _____
DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **clinical**
(Signed) **H. Estale** M. D.
8/20/29 (Address) **City Hospital # 2**
*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 **Washington U.** DATE OF BURIAL **8-23 1929**

20. UNDERTAKER **Walter Richter** ADDRESS **3500 Rutger St**

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