

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

Do not use this space.

19434

1. PLACE OF DEATH

County.....
Towaship.....
City St Louis Mo (No. 8113 So Broadway)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 5386
St. Ward

2. FULL NAME

(a) Residence. No. 8113 So Broadway St. 1 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophie Perrot

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ice & Coal 160
(b) General nature of industry, business, or establishment in which employed (or employer) Merchant
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

10. NAME OF FATHER Frederick Perrot

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) France 9

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown 1

14. INFORMANT Sophie Perrot
(Address) 8113 So Broadway

15. FILED 19 May 8 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 - 5 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to May 5, 1931 that I last saw h. alive on May 5, 1931, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
131
Chronic Interstitial Nephritis (duration) 4 yrs. 4 mos. 14 ds.
CONTRIBUTORY (SECONDARY) Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 131

19. DID AN OPERATION PRECEDE DEATH no DATE OF no
WAS THERE AN AUTOPSY no
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) A. W. Peters M. D.

May 7 1931 (Address) 601 Missouri Bldg
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 St. Johns Cem. Belleville Mo DATE OF BURIAL May 8 1931

20. UNDERTAKER Frederick Coal Co ADDRESS 7819
Switzig on Co

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.

WHILE FILING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

