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.

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

Do not use this space.

19706

File No. 5681

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hosp #1 St. ..... Ward)

2097

2. FULL NAME John Perry

(a) Residence. No. 1500 Chestnut St. 2b Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
abt 75			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Gen'l Labor
(b) General nature of industry, business, or establishment in which employed (or employer) 237
(c) Name of employer

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

PARENTS
10. NAME OF FATHER James A. Perry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn
12. MAIDEN NAME OF MOTHER Constance Bugg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.

14. INFORMANT Hospital Information
(Address) City Hospital

15. FILED MAY 18 1931 Wm C Nordt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16th 1931

17. I HEREBY CERTIFY, That I attended deceased from May 5th, 1931, to May 16th, 1931, that I last saw him alive on May 16th 1931, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Cardiovascular renal disease

131 (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? refused
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory
(Signed) W E Scherman, M. D.
5/16, 1931 (Address) City Hospital

*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 Matthews — DATE OF BURIAL May 18 1931

20. UNDERTAKER J P Murrells Son — ADDRESS 1407 Munich