

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

Do not use this space.

37376

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo. (No., Sanitarium St. Ward)

File No.....
Registered No. 10013
St. Ward)

2. FULL NAME

(a) Residence, No. 4014 St. Ferdinand St., 13 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Mary Perry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 23, 1897</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>11</u>
	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Car Loader</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Am. Express Co.</u>
	10. Date deceased last worked at this occupation (month and year) <u>March 23, 1932</u>	11. Total time (years) spent in this occupation <u>unknown</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Simpson Illinois

FATHER 13. NAME John Perry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

MOTHER 15. MAIDEN NAME Laura Raintolt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Illinois

17. INFORMANT Cecilia Schmiesing
(ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Great Springs, Ill. DATE Nov. 14, 1932

19. UNDERTAKER Goodmeyer & Sons
(ADDRESS) 3924 25th St.

20. FILED Nov 15 1932
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1932, to Nov 12, 1932
I last saw him alive on Nov 12, 1932. Death is said to have occurred on the date stated above, at 1:55 P.M.

The principal cause of death and related causes of importance were as follows:

General Paralysis Date of onset 5/30/32
820 of disease
34 (syphilis)
Other contributory causes of importance:
Broncho-Pneumonia 11/7/32

Name of operation 820 Date of 11/7/32
What test confirmed diagnosis? 820 Was there an autopsy? 1

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Cecilia Schmiesing, M. D.
(Address) 5400 Arsenal

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.

Submerg