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.

MAR 12 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

8518

File No.

Registered No. 2218

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. St. Anthony's Hospital St. Ward)

2. FULL NAME Wallace Perry

(a) Residence, No. 5319 Mardel Ave. St., 14 Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	38	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Postal Servi

10. Date deceased last worked at this occupation (month and year) 2 Weeks ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME Harry Perry

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Pearl Walton

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Gladys Perry (ADDRESS) 5319 Mardel Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiram Cemetery DATE 3-2 1936

19. UNDERTAKER Krieg shauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED FEB 28 1936 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21st 1936, to Feb 27 1936

I last saw him alive on Feb 27 1936. Death is said to have occurred on the date stated above, at 4:20 A m.

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

Septicemia — 133 Date of onset

Other contributory causes of importance: Pneumonitis Hemorrhagic Non T.B. Non Traumatic Cause unknown

Name of operation Drainage Hem Date of 2-26/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? no

If so, specify

(Signed) Jd. S. Pope, M. D.

(Address) 1813 Chouteau

Mr Pyne

1801 Pestalozzi

La 0244