

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. **791**
City..... **St. Louis**..... (No. **DePaul Hospital 1003**)..... File No. **10516**
Registered No. **3090**..... St. Ward)

2. FULL NAME **Maria Perou**

(a) Residence, No. **4540 Newberry**..... St. **12**..... 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 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 Henry Perou				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1860				
7. AGE YEARS 77	MONTHS 1	DAYS 24	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home				
10. Date deceased last worked at this occupation (month and year) Jan. 1937				
11. Total time (years) spent in this occupation Life				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.				

MOTHER	13. NAME Adam Greifza
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME Unknown
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
FATHER	17. INFORMANT (ADDRESS) Henry Perou 4540 Newberry
	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Calvary 3/20/37
MOTHER	19. UNDERTAKER (ADDRESS) Kuller & Kuller 1416 N. Taylor Ave.
	20. FILED W. J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-18** 19**37**
22. I HEREBY CERTIFY, That I attended deceased from **3-17**, 19**37**, to **3-18**, 19**37**
I last saw h. **aw** alive on **3-17**, 19**37**. Death is said to have occurred on the date stated above, at **6 a.** m.
The principal cause of death and related causes of importance were as follows:

Myocarditis chronic Date of onset **within**

Other contributory causes of importance: **930**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) **P. D. Corcoran** M. D.
(Address) **Luster Bldg**

MAR 20 1937

Registrar

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2
20M-2-36
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