

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.

OCT 14 1937

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

32416
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
C. 8006

2. PRINT FULL NAME **Helen Perhat**
5948 Sherry St. **7**
 (a) Residence, No. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **John Perhat**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 22 1879**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
58		3	15	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **hbk**

9. Industry or business in which work was done, as saw mill, bank, etc. **at home**

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jugo Slavia**

FATHER

13. NAME **Michael Braio**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jugo Slavia**

MOTHER

15. MAIDEN NAME **Helen ?**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jugo Slavia**

17. INFORMANT **Hosp. Info M. Kent**
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Sept. 10 1937**

19. FUNERAL DIRECTOR **Am. C. Maydell**
(ADDRESS) **1926 Allen Ave.**

20. FILED **SEP 8 1937** **J. H. Brubaker**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/7/37**, 19.....

22. I HEREBY CERTIFY, That I attended deceased from **9/3/37** to **9/7/37**, 19.....
 I last saw her **her** alive on **9/7/37**, 19..... Death is said to have occurred on the date stated above, at **4.45 a** m.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
Carbuncle of neck,
chin and back
 Date of onset

Other contributory causes of importance: **59**

Name of operation **neck & Drain** Date of.....
 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 **Alcohol**
 (Signed) **Alfred E. Howard**, M. D.
 (Address) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER

I, Wm. C. Moydell, Licensed Embalmer No. 1467

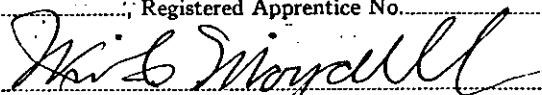
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____; Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 1467

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)