

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32446

Do not use this space.

1. PLACE OF DEATH Homer G. Phillips Hospital

(a) County.....

Registration District No. 1008

(b) Township.....

Primary Registration District No.

(c) City ST. LOUIS, MO.(d) Street No. 2601 N. White Homer G. Phillips Hos.

(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.

2. PRINT FULL NAME George Perdue(a) Residence, No. 2605 Bernard StreetSt. 22

(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

male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFLindine Perdue

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

Nov. 17, 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.36915

OCCUPATION

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

Laborer

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

Common

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)Georgia

FATHER

13. NAME

Alonzo Perdue14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Georgia

MOTHER

15. MAIDEN NAME

Hattie Velle16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Georgia

17. INFORMANT

(ADDRESS)

Gus Perdue2605 Bernard

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE 9/1 1/37

19. FUNERAL DIRECTOR

(ADDRESS)

E. L. Garner2829 Washington

20. FILED

SEP 10 1937

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 9 A.M.

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

Hemorrhage due to stab wound in abdomen, inflicted with a sharp instrument in the hands of one, Annie Perdue, col., of 2605a Bernard Street, about 12:30 A.M., Sept. 3, 1937. Homicide.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? homicide Date of injury 9/3/37

Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

homeManner of injury..... see aboveNature of injury..... see above24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Alfred G. Perry(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, Arvey Andrews, Licensed Embalmer No. 3974

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

L. E. St Louis Missouri

No. 3974 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Arvey Andrews
Licensed Embalmer No. 3974

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.)