

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.

00514-1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32501

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
 (b) Township St. Louis, Mo.
 (c) City St. Louis, Mo.

Registration District No.

Primary Registration District No.

(d) Street No.

(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.

2. PRINT FULL NAME

Felix Pernod.

(a) Residence, No.

City Infirmary, 5800 Arsenal St.

(Usual place of abode, if no street address, write county or city)

Hospital.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1841.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

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.X common10. Date deceased last worked at
this occupation (month and
year)X11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis,
Missouri.

FATHER

13. NAME

August Pernod,14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Switzerland.

MOTHER

15. MAIDEN NAME

Elizabeth Simms,16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri.17. INFORMANT
(ADDRESS)E. Molony,
5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

9-11-3719. FUNERAL DIRECTOR
(ADDRESS)Sanitizing Co.
6322 Grand

20. FILED

SEP 11 1937

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 10, 193722. I HEREBY CERTIFY, That I attended deceased from
March 7, 1925 to September 10, 1937I last saw him alive on September 10, 1937 Death is said
to have occurred on the date stated above, at 3:30 m. P.M.

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

Date of onset

Regenerative
Heart Disease

Other contributory causes of importance:

arteriosclerosis

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 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).....

(Address).....

M. D.

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

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

L. E. Frank Ludwig

No. 2504 or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank Ludwig

Licensed Embalmer No. 2504

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.)