

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.

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

33137
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis, Mo.
(e) Length of residence in city or town where death occurred yrs. mos. ds. 53 2 14

Registration District No. 791

Primary Registration District No. 1003

Registered No. 9191

(d) Street No. Homer G. Phillips Hosp.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2803 Dickson St. St. 2/
(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 Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lester Perdue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
53 2 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Matron
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) St. Louis, Mo.

13. NAME George Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Geraldine Perdue 2803 Dickson St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE Oct. 1, 1937

19. FUNERAL DIRECTOR (ADDRESS) Dement & Son 2631 Wash St.

20. FILED SEP 30 1937 J. F. Bredeck Local Registrar

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/22/37 19

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 4:11 A.M.
The principal cause of death and related causes of importance were as follows:

Apoplexy.

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) Alfred Perry
(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

Raymond E. Burke

Licensed Embalmer No.

3985

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

Myself

L. E.

No. or by
working under my personal supervision.

Registered Apprentice No.

Signed

Raymond E. Burke

Licensed Embalmer No.

3985

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.)