

OCT 26 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35319  
Do not use this space.

1. PLACE OF DEATH

(a) County ST. Louis Registration District No. 790  
 (b) Township Clayton Primary Registration District No. 6033E Registered No. 355  
 (c) City Clayton (d) Street No. ST. Louis County Hospital 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.

2. PRINT FULL NAME

WILLIAM PERKINS  
 (a) Residence, No. 7303 NOTTINGHAM St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 LUCINE PERKINS  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 25 - 1904  
 7. AGE YEARS 32 MONTHS 9 DAYS 1 If LESS than 1 day, .....hrs. or .....min.  
 OCCUPATION: 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PLASTER  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) MISSOURI

FATHER: 13. NAME ED. PERKINS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

MOTHER: 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) W.M. CHAMBERS  
1328A S. BOYLE AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE NEWBURG, MO. DATE SEPT 28 1937

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schurz  
3125 Lafayette Ave.

20. FILED 9/27 1937 W. J. Schurz Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 26 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 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Automobile Collision  
while driving a motor automobile on a public highway  
 Date of onset 9/26/37

Other contributory causes of importance:  
Fractured Skull 9/28/37

Name of operation None Date of .....  
 What test confirmed diagnosis Physicist Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Accident Date of injury 26 1937  
 Where did injury occur? Clayton, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Auto collision  
 Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) John J. Connelley, M. D.  
 (Address) Edward Superior Family

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.

STATEMENT BY LICENSED EMBALMER

I, James Sullivan, Licensed Embalmer No. 2260  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James Sullivan  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed James Sullivan  
Licensed Embalmer No. 2260

**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.)**