

NOV 15 1937

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

36022  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791

(b) Township..... Primary Registration District No. 1008

(c) City ST LOUIS (d) Street No. ST LUMES HOSPITAL Registered No. 9599

(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 EDGAR W. PERROTT

(a) Residence, No. 275 E SWON AVE St. WEBSTER GROVES

(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 WHITE

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF ERMA PERROTT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 7-1879

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

58 6 6

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

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

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1937 to Oct 13 1937

I last saw him alive on Oct 13 1937 Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Morshuti (Intestinal Type) Date of onset 1936

Arterio Sclerosis 1936

Coronary Hypertrophy 1936

Other contributory causes of importance:

Morshuti Thrombosis Oct. 11 1937

Name of operation none Date of.....

What test confirmed diagnosis? Routine tests Was there an autopsy? yes

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 found a. Cusick

(Signed) J. J. Bredeck, M. D.

(Address) 3720 Washington St. St. Louis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BUCYRUS OHIO

13. NAME JOHN PERROTT

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

15. MAIDEN NAME NANCY WOODS

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

17. INFORMANT Mrs E W Perrott (ADDRESS) 15 E SWON Webster Groves

18. BURIAL, CREMATION, OR REMOVAL PLACE BUCYRUS-OHIO DATE OCT-16 1937

19. FUNERAL DIRECTOR Parker and Co (ADDRESS) WEBSTER GROVES, MO

20. FILED OCT 15 1937 Local Registrar.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I, E. C. Aldrich, Licensed Embalmer No. 1332

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. 1332

**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.)**