JAN 10 1938

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

43179
Do not use this space.

791

1. PLACE OF DEATH
(a) County Homer Phillips Hosp. Registration District No. 1008
(b) Township Primary Registration District No. Registered No. 11429
(c) City St. Louis, Mo. (d) Street No. 2601 N. Whittier St. 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 Jessie Perino
(a) Residence, No. 2919 Washington Ave. St. 21
(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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bertha Perino
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 5, 1896
7. AGE: YEARS 41 | MONTHS 2 | DAYS 3 | 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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 2-3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Natchez Miss.

FATHER
13. NAME: James Perino
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Grace Hardie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La.

17. INFORMANT (ADDRESS): Bertha Perino
18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dicksons DATE 12/13/37 19
19. FUNERAL DIRECTOR (ADDRESS): E. L. Garner 2829 Washington Ave.
20. FILED DEC 12 1937 19 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/9/37 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:00 A.M. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Primary) 108

Date of onset

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 J. Perry, M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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, Arthur L. Hilliard, Licensed Embalmer No. 3389

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389

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.)