

APR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 100
City St. Louis (No. Lake Side Hospital) St. _____ Ward _____

File No. 9549
Registered No. 1014

2. FULL NAME Eleanor Maryann Perry 600

(a) Residence, No. 4029 College St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 2, 1938</u>				
7. AGE	YEARS <u>✓</u>	MONTHS <u>✓</u>	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>NONE</u>			
	9. Industry or business in which work was done, as silk mill, 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) <u>Kansas city Missouri</u>				
FATHER	13. NAME <u>Harold Perry</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
MOTHER	15. MAIDEN NAME <u>Joyce de Haven</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT (ADDRESS) <u>Harold Perry 4029 College</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>La Monte</u> DATE <u>Mar 4, 1938</u>				
19. UNDERTAKER (ADDRESS) <u>Blumnewcomer Bros. Brushers & Co. St. Louis</u>				
20. FILED <u>Mar 4, 1938 M. M. Grove</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1938, to Mar 3, 1938
I last saw h.b.t. alive on March 2, 1938. Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:
7 mo. Premature Birth
Other contributory causes of importance:
Blue baby - Failure of the closure of Foramen Ovale.

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) Dr. J. J. Crutcher M. D.
(Address) 10 1/2 Chamber Bldg.

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.

Mr. F. Craven
Chambers Bldg
U. 9779

Mr. ~~Craven~~
~~Chambers Bldg~~
~~U. 9779~~

~~U. 9779~~