

REC'D MAY 10 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

13104  
Do not use this space.

## 1. PLACE OF DEATH

(a) County 3 Registration District No. 791  
 (b) Township 1 Primary Registration District No. 1003 Registered No. 3708  
 (c) City St. Louis Mo (d) Street No. Opate to City Hospital St. Louis Mo 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

Frank H. Perdue 130  
 (a) Residence, No. Sharon Hotel 613 Pine St. St. 25  
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 22-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 1 27

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

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) Ottawa  
 (STATE OR COUNTRY) Kansas

13. NAME Henry Perdue

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

15. MAIDEN NAME Elizabeth Shipp

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

17. INFORMANT Mrs. C. H. Perdue 6512 E. 29th  
 (ADDRESS) Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 4-21-38 19

19. FUNERAL DIRECTOR (NAME) Mullen Bros.  
 (ADDRESS) 4259 Lindell Blvd

20. FILED APR 21 1938 J. P. Bredbeck  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19th 19 38

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 11:55 A.M.

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

Coronary Occlusion;  
Chronic Myocarditis.

Date of onset

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 See above

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) Joseph M. Zuercher M.D.

(Address) Deputy Coroner

RESIDENCE OF DECEASED  
CITY OF CHICAGO

DATE OF DEATH

NOTARIAL PUBLIC  
STATE OF ILLINOIS

*No Embalming* *JF*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.)

If this body is not embalmed, above space should be left blank.