

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4636  
Do not use this space.

REC'D MAR 13 1939

1. PLACE OF DEATH

- (a) County..... Registration District No. 791  
 (b) Township..... Primary Registration District No. 1008  
 (c) City or Street No. City Hospital #2 Registered No. 1329  
 (d) (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lois Jean Perkins

- (a) Residence, No. 3430 Lucas Ave St. 21 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 4. COLOR OR RACE Negro  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-5-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
 1 5 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) ST. LOUIS Mo. (STATE OR COUNTRY)

13. NAME Fred Perkins

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

15. MAIDEN NAME Clara Mae Barber

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

17. INFORMANT Clara M. Perkins (ADDRESS) 3430 Lucas Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Church DATE 2-11-39

19. FUNERAL DIRECTOR (NAME) Bernice Love (ADDRESS) 3103 Washington

20. FILED FEB 10 1939 J. W. Rudick Local Registrar

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9/39

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 8:00 A.M.

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

2nd and 3rd Degree Burns of the entire body, suffered when child was burned when it kicked a pan of hot water out of the hands of the aunt, as it (the baby) fell from the high

Other contributory causes of importance: chair at the home 3430 Lucas Avenue, about 8:40 A.M. on Feb. 8, 1939.

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Accident Date of injury 2/8/39

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

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) Alfred J. Perry M.P.D.

(Address) Deputy Coroner

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

William C. McDowell..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....

William C. McDowell

Licensed Embalmer No.....

2114

P. O. Address.....

3506 Franklin

**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.**