

1939 MAY 10 1939

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

13635
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City or St. Louis..... (d) Street No. Mo. Baptist Hospital..... Registered No. 3977
(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 Helen Perry

(a) Residence, No. 1239 Amherst Pl. St. 5
(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 Female 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) Sept. 13, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 7 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Trained Nurse
9. Industry or business in which work was done, as saw mill, bank, etc. St. Louis Lamp Co.
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) Cassville Mo.

FATHER 13. NAME Alonzo Perry

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

MOTHER 15. MAIDEN NAME Lena Hooks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassville Mo.

17. INFORMANT (ADDRESS) Wm. G. Perry 1239 Amherst Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville Mo. DATE 5-1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuary 4228 So. Kingshighway

20. FILED APR 29 1939 J. F. Brudner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28, 1939

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 10:05 P.M.

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

Subacute bacterial poisoning
Self administered in an
attempt to relieve pain of
Charley's
April 27 1939 between 6.30
9.30 o'clock P.M.

Date of onset

Other contributory causes of importance:

163

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 4/27, 1939

Where did injury occur? St. Charles Club
(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?.....

If so, specify (Signed) Alfred Perry M.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.....

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

Signed: *Ernie D. McPernon*

Licensed Embalmer No. *3029*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

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