

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9265
Registrar's No. 2748

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1116 Bates
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Bernice Perry
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Gordon 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased November 18, 1906
(Month) (Day) (Year)

8. AGE: Years 33 Months 4 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business _____
MOTHER FATHER { 12. Name Julius Zimmermann
13. Birthplace St. Louis, Missouri
14. Maiden name Minerva Heister
15. Birthplace St. Louis, MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mildred Perry
(b) Address 1116 Bates St.

17. (a) _____ (b) Date thereof 3/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marys Cem.

18. (a) Signature of funeral director John J. Ziegenfuss
(b) Address 7227 Maryland Ave.
MAR 25 1940
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1116 Bates St.
(If rural, give location)
(e) If foreign born, was born in _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 22nd
year 1940 hour 2:00 minute P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Splenic tumor huge of Boas
Due to Cause unknown
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations J. Z.
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work (Specify type of place) (e) Means of injury _____
23. Signature Joseph M. Ziegenfuss (M.D. or other) _____
Address 7227 Maryland Ave. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-30
11111

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.

FEB 16 1942

JAN 25 1950

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937^a Travis

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.