DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13603

MAY 15 1940

Registration District No. 791 1

Primary Registration District No. 1003

Registrar's No. 3805

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Masonic Home of Missouri. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yr. 6 mo. (Specify whether
In this community Same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5351 Delmar
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Perry Jefferson Clough 420

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Bernice unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 19 (Day) 1843 (Year)

8. AGE:

Years	Months	Days	If less than one day
96	11	7	hr. min.

9. Birthplace Jamestown, N. Y. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Cyrus Clough
13. Birthplace Portsmouth, N. H. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maria Sturgeon
15. Birthplace Fairview, Penn. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clara Rothe
(b) Address 5351 Delmar Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-27-40 (Month) (Day) (Year)
(c) Place: burial or cremation Willow Springs, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) APR 27 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1940 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from November 7, 1934, to April 26, 1940 that I last saw him alive on April 26, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronery Thrombosis	4 days
Hypertension	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Glen Cameron (M. D. or other)
Address 508 N. Grand Blvd Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

AUG 26 1948

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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

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