

Registration District No. **791**

Primary Registration District No.

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.

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: Homer G Phillips Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Joe Perteet 633  
 8. (b) If veteran, name war Yes 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife WIK 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 18 1890  
 (Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace California Mo. D.  
 (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Sherman Perteet  
 { 13. Birthplace California Mo  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Mattie Williams  
 { 15. Birthplace California Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margie Green  
 (b) Address 3507 Franklin Av  
 17. (a) Burial (b) Date thereof 5 20 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Jefferson Barracks  
 18. (a) Signature of funeral director McDowell  
 (b) Address 3506 Franklin Ave  
 19. (a) MAY 18 1948 (b) \_\_\_\_\_  
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town St Louis Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2101 Wash St 2!  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13<sup>th</sup>  
 year 1948 hour 4:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Apoplexy)  
Contrib. Chronic Interstitial Nephritis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 8 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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) (d) Means of injury \_\_\_\_\_  
 23. Signature Joseph M. Lewis (M. D. or other)  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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**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 *William C. McLowell*  
Licensed Embalmer No. *2114*  
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.**