

FILED JUL 17 1940

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

20001

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis County / Registration District No. 791
 (b) Township 0 Primary Registration District No. 1003
 (c) City St. Louis, Missouri (d) Street No. De Paul Hospital St.
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 49492. PRINT FULL NAME Audrey Perkins

(a) Residence, No. St. Ann's Hospital, St. Louis 6 5301 Page Blvd
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 2, 1940</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>4 months</u>	<u>3</u>
If LESS than 1 day,hra. ormin.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>NIL.</u>		
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) (STATE OR COUNTRY) <u>ST. LOUIS MO.</u>		
13. NAME <u>Lloyd Perkins</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Beaver County Oklahoma</u>		
15. MAIDEN NAME <u>Louise Sommerhouser Perkins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Edwardsville, Illinois</u>		
17. INFORMANT (ADDRESS) <u>St. Ann's Hospital 5301 Page Blvd.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>June 6, 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Gullett & Kelley 1466 N. Taylor and J. J. Bredbeck</u>		
20. FILED <u>JUN 6 1940</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 2nd, 1940, to June 5th, 1940.
 I last saw him alive on June 5th, 1940. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Acute Primary Bronchopneumonia

Date of onset

June 2nd

Other contributory causes of importance:

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? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John H. Brady, M. D.(Address) 1467 Union Ave

Licensed Embalmer's Statement on Reverse Side)

MARGW RESERVED FOR BIRDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

U. S. No. 2. 5010-1-12-38

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Just Embalmed

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.....

Licensed Embalmer No.....

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.