No. 2
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FILED SEP 1 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29734

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1532

6

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans Administration Facility 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County

(c) City or town Steelville, Mo.
(If outside city or town limits write "RURAL")

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

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

3. (a) PRINT FULL NAME PERRIGUE, John H. 670

3. (b) If veteran, name war P. I.

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife MyrtlePerrigue

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

7. Birth date of deceased Oct. 23, (Month) (Day) 1878 (Year)

8. AGE: Years 61 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Osage Co., Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Justine Perrigue
13. Birthplace France (City, town, or county) 7 (State or foreign country)

MOTHER
14. Maiden name Louisa Edwards
15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant Gov. records

(b) Address Veterans Adm. Facility, Jeff. Bks.

17. (a) Steelville Mo (Burial, cremation, or removal) (b) Date thereof 8-11-40 (Month) (Day) (Year) Mo.

(c) Place: burial or cremation Steelville Mo

18. (a) Signature of funeral director Alexander Bros

(b) Address 6175 Delmar

19. (a) AUG 11 1940 (Date received local registrar) (b) T R Meyer MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1940 hour 7:15 minute A.M.

21. I hereby certify that I attended the deceased from 8-8, 1940, to 8-11, 1940; that I last saw him alive on 8-11, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive heart disease with cardiac enlargement, myocardial damage & myocardial insufficiency. Duration

Due to 93d1

Due to

Other conditions intra abdominal tumor type undetermined
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation

Of autopsy Autopsy not obtained

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? 7011 (Specify type of place)

While at work? (e) Means of injury

23. Signature C.W. Hughes, C.M.O. (M. D. or other) C W Hughes

Address Vet. Adm. Fac. Jeff. Bks. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Per. Rwz

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 Elbert E. White, Registered Apprentice No. 209 working under my personal supervision.

Signed Jos. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.