DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30644

Registration District No. 79 Oct 25 1940 Primary Registration District No. 1003 Registrar's No. 7921

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: Park Lane Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town 1380 Arlington Ave. 6
(If outside city or town limits, write "RURAL")

(d) Street No. St. Louis. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Perano

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased July 23, 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	1	28	hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Bartender 7

11. Industry or business

FATHER
12. Name Frank Perano 0
13. Birthplace Italy
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Canepa
15. Birthplace Jefferson County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Eugenia Perano
(b) Address 1380 Arlington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 24.40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bernier-Niehaus
(b) Address 1431 Union Blvd.

19. (a) SEP 23 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1940 hour 11. minute 05P. M.

21. I hereby certify that I attended the deceased from Aug. 16, 1940, to Sept. 21, 1940 that I last saw him alive on Sept. 21, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death [illegible]

Due to [illegible]

Due to [illegible]

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (c) Means of injury

23. Signature [illegible] (M.D. or other)
Address 4930 Lindell Blvd. Date signed 9-22-40

(Licensed Embalmer's Statement on Reverse Side)

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

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 compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.