

JAN 15 1941

7917

Primary Registration District No.

100

Registrar's No.

9884

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:
FIRMIN DESLOGE 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 Zula Perry

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ZELNA PERRY 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased OCTOBER 29 1897
 (Month) (Day) (Year)

8. AGE: Years 43 Months 1 Days 1 If less than one day hr. _____ min. _____

9. Birthplace TENN.
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business OWN.

MOTHER FATHER { 12. Name John W. MALLORY

13. Birthplace KENTUCKY
 (City, town, or county) (State or foreign country)

14. Maiden name MILLESIE DUNN.

15. Birthplace KENTUCKY
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Zelna Perry

(b) Address 1503A Louisiana

17. (a) BURIAL (b) Date thereof DEC 3 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PK

18. (a) Signature of funeral director E. J. Schur

(b) Address 3125 Lafayette

19. (a) DEC 2 1940 (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town ST. LOUIS 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1503A LOUISIANA AV.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30
 year 1940 hour 6 PM minute 30 M.

21. I hereby certify that I attended the deceased from 11-15-40
 _____, 1940, to 11-30, 1940
 that I last saw her alive on 11-30-40, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death acute Cardiac dilatation, c
Cardiac decompensation. 12

Due to P. O. Cholecystectomy.

Due to acute Cholecystitis, no stones

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations acute Cholecystitis

Of autopsy Not granted

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Laura T. Moore (M. D. or other) _____

Address Desloge Hospital Date signed 12-4-40

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

John B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.