

Registration District No. **291** Primary Registration District No. **1003**

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

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 Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)
 In this community 24 years

3. (a) PRINT FULL NAME Warren Perry
 3. (b) If veteran, name war No
 3. (c) Social Security No. 497-18-6150

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Dec. 9, 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months -- Days 16
If less than one day hr. min.

9. Birthplace Bowling Green, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Elevator Operator
(Include pregnancy within 3 months of death)

11. Industry or business Miss. Valley Trust Bldg.

12. Name Henry Perry
 13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Corillian Savage
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. P. Geras
 (b) Address 3538a Vista Ave

17. (a) Burial (b) Date thereof 12/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul Cem

18. (a) Signature of funeral director W. McLaughlin
 (b) Address 2301 Lafayette Ave

19. DEC 28 1940 (b) H. Briderich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3538a Vista Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
 year 1940 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from 12/22/40
 _____, 19____, to 12/25/40, 19____;
 that I last saw him alive on 12/25/40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to 108

Other conditions Myocardial pathology
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration Med. Exam
 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) (Means of injury)
 23. Signature Leo P. Thayer (M. D. or other)
 Address Firmin Desloge Date signed 12/26/40

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 *L.R. Cooper*

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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