No. 2
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17-39
X23150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Cu 1870 8210

State File No.

FILED MAR 11 1941

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 378

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town University City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6660 Washington,
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis, 96

(c) City or town University City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. #6660 Washington. 3
(If rural, give location)

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

3. (a) PRINT FULL NAME Bettie Clarenda Perry

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Samuel Perry

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

7. Birth date of deceased August (Month) - 3 (Day) - 1862 (Year)

8. AGE: Years 78 Months 6. Days 14. If less than one day hr. min.

9. Birthplace French Village (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Dr. A.W.Keith
13. Birthplace Libertyville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Margaret A. McFarland
15. Birthplace Libertyville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Samuel W. Perry
(b) Address 6660 Washington

17. (a) BBurial Terre, Mo (Burial, cremation, or removal) (b) Date thereof 2-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre, Mo.,

18. (a) Signature of funeral director C.R.Lupton & Sons.,
(b) Address 7233 Delmar Blv'd,

19. (a) FEB 19 1941 (Date received local registrar) (b) R.R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb'y day 17, year 1941 hour 11:20 minute P. M.

21. I hereby certify that I attended the deceased from Feb 17th Feb 17, 1941 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to 94 N

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 48 hours

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? (e) Means of injury

23. Signature Walter E Harrod (M. D. or other)
Address 608 Kingsland Date signed 2/18/41

(Licensed Embalmer's Statement on Reverse Side)

Dr Walter E. Harral
608 Kingsland Ave.
Da #08574
(12 noon)

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. Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, M

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

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