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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 36006

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2159

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo. 12 days (Specify whether

In this community 6 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 096

(a) State Mo. (b) County St. Louis 13

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

(d) Street No. 9004 Camden (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nellie Perkins

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife John H. Perkins

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May (Month) 2 (Day) 1862 (Year)

8. AGE: Years 79 Months 5 Days 21 If less than one day hr. min.

9. Birthplace New York (City, town, or county) N. Y. (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Joe Rose
13. Birthplace New York (City, town, or county) N.Y. (State or foreign country)

MOTHER
14. Maiden name Lottie McIntyre
15. Birthplace New York (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant Mrs. CHARLOTTE EDWARDS

(b) Address 9004 CAMDEN

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 10-25-41 (Month) (Day) (Year)

(c) Place: burial or cremation Val Crematory

18. (a) Signature of funeral director Geo. L. Pleitsch

(b) Address 5966 Easton

19. (a) OCT 23 1941 (Date received local registrar) (b) E. G. McGarvey (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 23 year 1941 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from 8-11-41, 19, to 10-23-41, 19; that I last saw her alive on 10-23-41, 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Pneumonia | 9 days |
| Due to Pneumococcus - type #23 Lobar | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 B. Barton (M. D. or other) D

Address Co. Hosp Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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 David C. Gibson, Registered Apprentice No.....,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address.....

**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, fact should be so stated above.**