

FILLED OCT 28 1941

Registration District No. **784**

Primary Registration District No. **101**

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 8 days
In this community 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town S. Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. McHenry & Lurch Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1941 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 9-26-41
to 10-4-41
that I last saw her alive on 10-4-41
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia
Due to myocardial infarction & bronchial asthma

Duration 4 days
months
months

Due to _____
Due to _____

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

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 112

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: Joseph O. Gault (M. D. or other) M.D.
Address St Louis County Date signed 10/4/41

3. (a) PRINT FULL NAME Rebecca Perkins

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

4. Sex 3 female 5. Color or race colored 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Samuel Perkins 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: ? ? 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months ? Days ? If less than one day _____ hr. _____ min.

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

10. Usual occupation nil.

11. Industry or business _____

12. Name Tom Pierce

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

14. Maiden name Susan James

15. Birthplace unknown Africa ?
(City, town, or county) (State or foreign country)

16. (a) Informant Lucy James

(b) Address 3844 E. Page Blvd

17. (a) Washington (b) Date thereof 10-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington 10/7/41

18. (a) Signature of funeral director Lee J. Sneed

(b) Address 30 Kinloch Park

19. (a) OCT 7 - 1941 (b) C. H. Mc Lamont
(Date received local report) (Registrar's signature)

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

96
3000

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.....

M. J. Kelly
.....
working under my personal supervision.

....., Registered Apprentice No.

Signed..... *M. J. Kelly*.....

Licensed Embalmer No. *5268*.....

P. O. Address *2812 Thomas St. Home*

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.