V. S. No. 2
30M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12949

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3442

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: one hour (Specify whether years, months or days)
In this community: 46 yrs. 10 mos. 6 das

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000
(c) City or town: St. Louis 20 12 7
(If outside city or town limits, write "RURAL")
(d) Street No. 2323 Dodier St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William Perrin
3. (b) If veteran, name war: no
3. (c) Social Security No. 488-05-8366
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 6 (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	10	6	hr. min.

9. Birthplace: St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: machinist
11. Industry or business

FATHER
12. Name: Joseph Perrin
13. Birthplace: unknown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name: Jenny Hemen
15. Birthplace: St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Daisy Reisert
(b) Address: 2323 Dodier St
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4-18-'42 (Month) (Day) (Year)
(c) Place: burial or cremation: Friedens Cemetery
18. (a) Signature of funeral director: Goodhart & Goodhart
(b) Address: 2228 St. Louis Ave
19. (a) APR 17 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1942 hour 11:35 minute A. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral Apoplexy
Due to: 8 hrs
Due to: 8 hrs
Other conditions (Include pregnancy within 3 months of death):

PHYSICIAN

Major findings:
Of operations:
Of autopsy:

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: 9
23. Signature: Alfred J. Perry (M. D. or other)
Address: Clayton Mo. Date signed 4/17/42

(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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Charles J. Goodhart

Licensed Embalmer No. 2077

P. O. Address St Louis Mo

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.