26116

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—11-10-39
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 20 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6775

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

1. PLACE OF DEATH: ~~Homer Phillip Hosp~~
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hosp #20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 23 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St Louis 9 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2720 Rear. Clarkane
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME EMMA PERKINS
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 27 (Day) 1899 (Year)

8. AGE: Years 43 Months 4 Days 13 If less than one day hr. min.

9. Birthplace North Carolina (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name not KNOWN
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Not KNOWN
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Lucy Wallace
(b) Address 2329 Engeania
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood cemetery
18. (a) Signature of funeral director DUNN FUNERAL Co
(b) Address 2150 Jefferson
19. (a) AUG 11 1942 (Date received local registrar) (b) A. F. Bredeck (Registrar's signature) 8/11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1942 hour 3 minute 55 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 Cardio Vascular	
Due to Renal Disease	
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 Thomas F. Callaster (M.D. or other)
Address Deputy Coroner Date signed 8/11/42

(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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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, above space should be left blank.