

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Filed SEP 4 1942  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7289

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

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:  
St. Luke's Hospital  
(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: 000

(a) State Mo. (b) County 17

(c) City or town..... St. Louis 918  
(If outside city or town limits, write "RURAL")

(d) Street No..... 4566 Swan Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Rose Peroley

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

3. (c) Social Security No..... None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29th  
year 1942 hour 11:45 minute P.M. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Eugene Peroley

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug. 1st 1907  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 10, 1942, to Aug 29, 1942  
that I last saw her alive on Aug 29, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

35 0 28 ..hr. ..min.

Immediate cause of death  
Carcinoma of the lung with metastases to spine and skull. 2 yrs.?

Due to.....

Due to.....

9. Birthplace Newburg Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

Major findings:  
Of operations.....  
Of autopsy..... Confirmed diagnosis

MOTHER FATHER

11. Industry or business.....

12. Name Wilbert Strawhun

13. Birthplace Phelps County Mo. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Chambers

15. Birthplace Licking Mo. 0  
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Eugene Peroley  
(b) Address 4566 Swan Ave.

17. (a) Removal (b) Date thereof 8-31st-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newburg Mo.

23. Signature H. G. Newman (M. D. or other) M.D.  
Address 3720 Washington Date signed 8/31/42

18. (a) Signature of funeral director Kriegshausner Mortuary  
(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 31 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

Mr. Seymour  
Baumgardner 1:30 - 5 PM.

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.....  
.....  
Licensed Embalmer No.....  
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.