V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35792

Registrar's No. 9266

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 24 days (Specify whether years, months or days)
In this community 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 099 17

(c) City or town St. Louis, 9 21
(If outside city or town limits, write "RURAL")

(d) Street No. 1918 (R) Cole
(If rural, give location)

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

3. (a) PRINT FULL NAME Willie Mae Perry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

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 Nov (Month) 17 (Day) 1909 (Year)

8. AGE: Years 32 Months 11 Days 16 If less than one day hr. min.

9. Birthplace London (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Laundress.

11. Industry or business

FATHER
12. Name Robert Perry
13. Birthplace (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Eddie Mae Charles
15. Birthplace (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Charley Patson
(b) Address 1009 N. 23rd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director McDowell
(b) Address 1711 N. Taylor Ave

19. (a) Nov 6 (Date received local registrar) (b) J. F. Budesk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2, year 1942 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from September 9, 1942, to November 2, 1942; that I last saw her alive on November 2, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death		Duration
Pulmonary Tuberculosis	Autopsy	2½ mos.
Tuberculous Intestines		
Due to		
Due to		
Other conditions (Include pregnancy within 3 months of death)		
Major findings: Of operations		
Of autopsy Yes		

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 G. Moore (M. D. or other)
Address 2601 Whittier Date signed 11/5/42

(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 William C. McDowell, Registered Apprentice No._____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 214

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.