

No. 2  
5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38119 ✓

State File No. \_\_\_\_\_

FILED DEC 10 1942

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2307

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 1 day 8 hr. 10 min.  
(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. McArthur and Lix Ave  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mattie Perry

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

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

6. (b) Name of husband or wife Worer Perry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 8 1889  
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Georgia  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name ? ?  
 13. Birthplace ? ?  
(City, town, or county) (State or foreign country)  
 14. Maiden name ? ?  
 15. Birthplace ? ?  
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Perry  
 (b) Address McArthur & Lix

17. (a) Burial (b) Date thereof 11-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Cross  
 (b) Address Lix & Stappa Kinloch

19. (a) NOV 6 - 1942 (b) C. S. McClarnon  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2  
 year 1942 hour 11 minute :25 P.M.

21. I hereby certify that I attended the deceased from 11-1-42  
 to 11-2-42  
 that I last saw her alive on 11-2-42  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
 Due to Pulmonary Edema Duration 6 hours  
 Due to Bunch pneumonia Duration 1 day

Other conditions 330  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy Pneumonia, Pyelitis - c  
arteriosclerosis, hypertrophy of heart  
 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 L. J. Galla (M. D. or other) MD  
 Address St. Louis County Hosp. Date signed 11-3-42

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

JAN 4 1943

DEC 22 1943

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**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..... *Louis V. Atkins*.....  
Licensed Embalmer No..... *2842*.....  
P. O. Address..... *3644 Finney*.....

**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.**