

FILED JAN 13 1943 18

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(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:
2630 Pine St. 1
(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:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. H 479 Pershing av.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME George Allen Perren

3. (b) If veteran, name war..... 3. (c) Social Security No. 489-09-94 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26 year 1942 hour 6 minute 55 P.M.

21. I hereby certify, that I attended the deceased from....., 19....., to....., 19.....;

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March (Month) 23 (Day) 1875 (Year)

that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Fractured skull with subdural hemorrhage, when deceased was found lying on the floor in washroom on first floor at 2632 Pine St. Time cause and manner of same could not be determined

8. AGE: Years 67 Months 9 Days 3 If less than one day..... hr. min.

9. Birthplace Hartford Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Grocery Laboratories

12. Name Aaron F. Perren

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

14. Maiden name Mary Elizabeth Struggles

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

16. (a) Informant Mrs. A. W. Payne

(b) Address 5910 Washington Pl.

17. (a) Burial (b) Date thereof 12-29-42 (Month) (Day) (Year)

(c) Place: burial or cremation Fullhalla Cemetery

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4452 Washington Blvd.

19. (a) DEC 29 1942 (b) J. F. Busch (Date received local registrar) (Registrar's signature)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Heart

(b) Date of occurrence 12-26-42

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial

While at work?..... (Specify type of place)

(e) Means of injury?.....

23. Signature Alfred Perry (M. D. or other)

Address Capitol Square Date signed 12/29/42

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

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

William J. Hinson

Licensed Embalmer No.

4319

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.