

FILED **MAR 10 1943** 318

1003

Registration District No. _____ Primary Registration District No. _____

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **3 day 5 hr. 15 mins.**
(Specify whether years, months or days)

In this community..... **30 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **003**

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

(d) Street No..... **3686 Finney Avenue**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Clayborn Perkins**

3. (b) If veteran, name war..... **none** **3. (c) Social Security** No..... **none**

4. Sex **Male** **5. Color or** **2** **race** **Negro** **6. (a) Single, widowed, married,** **0** **divorced.** **Single**

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

7. Birth date of deceased..... **Unavailable about 1863**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	about 80	-	-	hr. min.

9. Birthplace..... **Unavailable** **9**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Laborer**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Albert Perkins**

13. Birthplace..... **Unavailable** **Kentucky** **1**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Harriet** **Unknown**

15. Birthplace..... **Unavailable** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Clinical Records**

(b) Address..... **H. Phillips Hospital**

17. (a) **Burial** **(Burial, cremation, or removal)** **(b) Date thereof**..... **2-27-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Greenwood Cemetery**

18. (a) Signature of funeral director..... **Chas. J. Gates**

(b) Address..... **4107 Finney Ave.**

19. (a) **7-1-43** **1943** **J. F. Madach**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **23,**
year **1943** hour..... **8** minute **00** P. M.

21. I hereby certify that I attended the deceased from **February**
22, **43** **to** **February 23,** **1943;**
that I last saw h. **in** **alive on** **February 23,** **1943;**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chr. Nephritis** **Unknown**
Uremia **Terminal**

Due to..... **12/1**

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... **S. E. Smith** (M. D. or other)
Address..... **3601 Whittier** **Date signed**..... **2/25/43**

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.....

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

Signed.....*William C. McDowell*.....

Licensed Embalmer No. **2114**.....

P. O. Address. **1711 N. Taylor Ave.**.....

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.