

FILED FEB 27 1948 18

Primary Registration District No. 1003

Registrar's No. 259

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)
1 MO.
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Susie Perkins

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

4. Sex FEMALE 5. Color or race COLORED 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 Dec. 22 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 0 16 _____ hr. _____ min.

9. Birthplace ROBERTS VILLE MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation DAY WORK.

11. Industry or business _____

12. Name EDD PERKINS.

13. Birthplace UNKNOWN. 9
(City, town, or county) (State or foreign country)

14. Maiden name SUSIE PERKINS.

15. Birthplace ROBERTSVILLE MO., 0
(City, town, or county) (State or foreign country)

16. (a) Informant RUSSELL BROWN.

(b) Address 724 N. JEFFERSON.

17. (a) BURIAL (b) Date thereof JAN. 11 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FATHER DICKSON.

18. (a) Signature of funeral director BOYD BROS FUNERAL HOME.

(b) Address 3704 FINNEY AVE.

19. (a) JAN 10 1948 (b) J. F. Braddock
(Date received for local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis, 9/18
(If outside city or town limits, write "RURAL")
(d) Street No. 905 Bartle (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7,
year 1944 hour _____ minute 25 P. M.

21. I hereby certify that I attended the deceased from December 7, 1943 to January 7, 1944;
that I last saw her alive on January 7, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Carcinoma of the Cecum with Metastasis to regional lymphatics, adrenals and rt. kidney. Undet.
Due to _____

Due to _____

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

Major findings:
Of operations _____ PHYSICIAN
Of autopsy _____ 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 0

23. Signature J. M. Jackson (M. D. or other) _____
Address 2601 Whittier Date signed 1/10/44

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

MOTHER FATHER

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. *3114*

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.