

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13201

State File No.

APR 20 1944 818

1003

Registration District No.

Primary Registration District No.

Registrar's No. 3373

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: Missouri Pacific

(d) Length of stay: In hospital or institution 28 days

In this community 28 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid

(d) Street No. 4 NR

(e) Citizen of foreign country? 1 0 (Yes or No)

3. (a) PRINT FULL NAME Clarence Perry

(b) If veteran, name war No

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th
year 1944 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov, 1943, to April 10, 1944;
that I last saw him alive on April 10, 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased May 20 - 1904

Immediate cause of death Carcinoma pancreas

Due to

Due to

8. AGE: Years 39 Months 10 Days 20

Other conditions (Include pregnancy within 3 months of death) H607

9. Birthplace Hinderson Mounds - Mo

10. Usual occupation Truck Driver

Major findings: Of operations

Of autopsy

11. Industry or business Truck Driver

12. Name Thomas Perry

13. Birthplace unk

14. Maiden name Orsola Hale

15. Birthplace unk

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?

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

16. (a) Informant Edith Sheridan

(b) Address New Madrid, Mo

17. (a) cremation (b) Date thereof 4/18-44

(c) Place: burial or cremation New Madrid, Mo

18. (a) Signature of funeral director Shanklin & Kron

(b) Address 4911 Washington Blvd

19. (a) APR 11 1944 (b) Registrar's signature J. Braden

While at work?

(e) Means of injury

Signature Edmund R. Sheridan (M. D. or other)

Address 2602 So. Grand Ave Date signed 4-10-44

(Licensed Embalmer's Statement on Reverse Side)

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

00
17
9

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Paul C. Shanklin, Registered Apprentice No.....
working under my personal supervision.

Signed *Paul C. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *4911 Washington Blvd*

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.