

FILED JUN 9 1944

State File No.

1003

4854

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(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)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL") 921  
(d) Street No. 3145 Lucas  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Charlie Perkins

3. (b) If veteran, name war..... 3. (c) Social Security No. 487-26-0131

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

6. (b) Name of husband or wife Carrie Perkins 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Feb. 25 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 2 27 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business.....

12. Name Charles Perkins

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Annie

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant (Mrs.) Carrie Perkins

(b) Address 3145 Lucas Avenue

17. (a) Burial (b) Date thereof 5 27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Peoples Und. Co.

(b) Address 3100 Franklin Avenue

19. (a) May 26 1944 (b) J. F. Budeck  
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22,  
year 1944 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 17, 1944 to May 22, 1944;  
that I last saw him alive on May 22, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 days

Due to.....

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 Plus Masse (M. D. or other).....

Address 2601 W. 11th St Date signed 5/27/44

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

MOTHER FATHER

MAY 26 1944

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 *John L. Peters*.....

Licensed Embalmer No. *4184*.....

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.**