V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1944 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23336

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 6396

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's ~~Hospital~~ Infirmary
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17 000

(c) City or town St. Louis 922
(If outside city or town limits, write "RURAL")

(d) Street No. 2333 Clark Av
(If rural, give location)

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

3. (a) PRINT FULL NAME Marva J Perkins

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race Col.

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 March (Month) 3 (Day) 1939 (Year)

8. AGE: Years 5 Months 4 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation _____

11. Industry or business Leon Perkins

FATHER
12. Name _____
13. Birthplace [illegible] (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Ruth Marquetta
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Ruth Perkins
(b) Address 2333 Clark

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. W. Hughes
(b) Address 2620 Lawton

19. (a) JUL 2 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7/10, 1944 to 7/16, 1944 that I last saw her alive on 7/16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia — Duration 3 days

Due to Fecult Rheumatic Fever — Duration a hour a way

Due to _____

Other conditions 58
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy no

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

23. Signature [illegible] (M. D. or other)
Address 3 Bk Chouteau Date signed 7/16/44

(Licensed Embalmer's Statement on Reverse Side)

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 Lyda Hughes

Licensed Embalmer No. 2938

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.