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M-8-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39588**  
Registrar's No. **11331**

FILED JAN 15 1945 18

Primary Registration District No. **1003**

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

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 Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 5 hrs.  
In this community. 0 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County St. Clair  
(c) City or town E. St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 516 South 11th  
(If rural, give location)  
(e) Citizen of foreign country? -- (Yes or No)  
If yes, name country ---

3. (a) PRINT FULL NAME Alice McPherson  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 30  
year 1944 hour 4 minute 30 A. M.

4. Sex Female 5. Color or race Col.  
6. (a) Single, widowed, married, divorced Widow  
6. (c) Age of husband or wife if alive --- years

21. I hereby certify that I attended the deceased from 12-29-44  
1944, to 12-30, 1944.  
that I last saw her alive on 12-29, 1944  
and that death occurred on the date and hour stated above.

7. Birth date of deceased. December 25, 1892  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
52 0 5 hr. min.

Immediate cause of death  
Acute myocardial infarction  
Due to Chs myocarditis  
cor. Arteriosclerosis

9. Birthplace Febbie Miss. 1  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housework  
11. Industry or business Self

Other conditions (Include pregnancy within 3 months of death) 93  
Major findings:  
Of operations ---  
Of autopsy Dilatation of Right Heart

MOTHER FATHER { 12. Name Jerry Perkins  
13. Birthplace Febbie Miss  
(City, town, or county) (State or foreign country)  
14. Maiden name Ella Ivey  
15. Birthplace Febbie Miss 1  
(City, town, or county) (State or foreign country)

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? ---

16. (a) Informant Annie B. Gillespie  
(b) Address 516 So. 11th St., E. St. L., Ill.  
17. (a) Removal (b) Date thereof 1-3-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation E. St. Louis, Ill.

23. Signature H. H. Weathers (M. D. or other) MD  
Address 1421 Cassas Date signed 1/2/45

18. (a) Signature of funeral director C. J. Nash  
(b) Address 111 N. 13th St.  
JAN 3 1945  
19. (a) (Date received local registrar) (Registrar's signature) J. F. Bredeck

(Specify type of place) (e) Means of injury  
While at work? ---  
23. Signature H. H. Weathers (M. D. or other) MD  
Address 1421 Cassas Date signed 1/2/45

**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 *C. J. Nash*

Licensed Embalmer No. 2432

P. O. Address 111 N. 13th

**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.**