

7. S. No. 2
DOM-5-43
rev. 5-17-39
I X36671

4692

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1654**

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:
Firman Desloge Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 3501 Lafayette Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert G. Perry

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1945 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White

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 OCT. 28, 1924
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>20</u>	<u>3</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death 122 + 132 degrees burns of 60% of body Duration
concomitant with fracture of femur when
due to solution of Colloidal form
long black exploded cherry
due to abatement of ventilation at
3501 Lafayette Ave on Feb 19, 1945
at 3:30 P.M.

Other conditions No damage to build
(Include pregnancy within 3 months of death)

9. Birthplace Indianapolis Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Medical Student (Navy)

Major findings:
Of operations jug
Of autopsy 181

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Ralph Perry

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

14. Maiden name Margaret Nolan

15. Birthplace Indiana
(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) Accident

(b) Date of occurrence Feb 18 1945 PM

(c) Where did injury occur? Private Home
(City or town) (County) (State)

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

16. (a) Informant Ralph Perry

(b) Address Harrisburg Illinois

17. (a) Removal (b) Date thereof 2-20-45
(Month) (Day) (Year)

(c) Place: burial or cremation Harrisburg, Ill. Indiana

23. Signature Arthur J. Donnelly (M. D. or other) _____
(Specify type of place) (Means of injury)

While at work? _____

23. Signature J. J. Bredeek (M. D. or other) _____
Address _____ Date signed 2/20/45

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) FEB 19 1945 (b) J. J. Bredeek
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

100
17
9

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 3840 Kindell

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.