

S. No. 2  
M-5-43  
v. 17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15478

FILED MAY 26 1945  
Registration District No.

818 Primary Registration District No.

Registrar's No. 4266

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis

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

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

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Dexter  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Calvin Perry

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1945 hour 2 minute 30 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Clara Perry

6. (c) Age of husband or wife if alive About 39 years

7. Birth date of deceased November 11 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 27 1945, to May 10 1945 that I last saw him alive on May 10 1945 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>5</u>	<u>29</u>	hr. min.

Immediate cause of death Liver abscess - peritonitis

Due to Liver abscesses

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

10. Usual occupation Section Laborer

Due to Cause of abscesses not known

Other conditions: not known  
(Include pregnancy within 3 months of death)

11. Industry or business Cotton Belt Railroad

12. Name George Perry

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

14. Maiden name Susan Link

15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Perry

(b) Address 3122 Pennsylvania

Major findings: above

Of operations 1/25

Of autopsy \_\_\_\_\_

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

17. (a) Removal (b) Date thereof 5-10-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 19 1945 (b) J. F. Badesch  
(Date of local registration) (Registrar's signature)

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 0

23. Signature G. E. K. name (M. D. or other) \_\_\_\_\_

Address 3720 Washington Date signed \_\_\_\_\_

AUG 20 1945

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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 Agonosh*  
.....  
Licensed Embalmer No. *3398*  
.....  
P. O. Address.....

**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: