. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21353

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 1600

1. PLACE OF DEATH:

(a) County SAINT LOUIS:

(b) City or town WEBSTER GROVES:
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 620 COUNTY HILLS DRIVE:
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI: (b) County SAINT LOUIS:

(c) City or town WEBSTER GROVES:
(If outside city or town limits, write "RURAL")

(d) Street No. 620 COUNTY HILLS DRIVE:
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME EDNA-JEAN RUSSELL PERKINS

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife WILLIAM R. PERKINS

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased NOVEMBER (Month) 3 (Day) 1911 (Year)

8. AGE: Years	Months	Days	If less than one day
33	7	17	..... hr. ..... min.

9. Birthplace CHARLESTON (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER 12. Name JOHN GLEN RUSSELL

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

MOTHER 14. Maiden name BESSIE TUCKER

15. Birthplace TUCKER (City, town, or county) ARKANSAS (State or foreign country)

16. (a) Informant MRS SAM FRANK

(b) Address 747 FAIRVIEW AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 22/45 (Month) (Day) (Year)

18. Place: burial or cremation OAK HILL CEMETERY.

(a) Signature of funeral director C. R. LUPTON & SONS

(b) Address 7233 DELMAR BLVD:

19. (a) ..... (Date received local registrar) (b) Dr. C. G. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1945 hour 5 minute 30 AM.

21. I hereby certify that I attended the deceased from Oct 5, 1944 to June 20, 1945 that I last saw h[illegible] alive on June 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Heart Disease	5 years
Due to Articular Rheumatism	
Due to 93c	
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis	14 yrs

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 [illegible] (M. D. or other)

Address 601 Wineman Clad Bldg. Date signed 6/20

(Licensed Embalmer's Statement on Reverse Side)

UNIV. CLUB BLDG.
JE: 6088
HOURS 1 - 3. p. m.

601

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 Bradford A. Miles

License Embalmer No. 2901

P. O. Address University City

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.