S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

21355

State File No.

Registrar's No. 1568

1. PLACE OF DEATH:
(a) County St.Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Titanium Pigment Co.Ft.of River DesPers.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St.Louis
(c) City or town Sappington
(If outside city or town limits, write "RURAL")
(d) Street No. Route 6, Box 1800
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Perstrope
3. (b) If veteran, name war No.
3. (c) Social Security No. 490-14-5382
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Perstrope
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased April (Month) 16 (Day) 1904 (Year)
8. AGE: Years 41 Months 1 Days 27 If less than one day hr. min.
9. Birthplace Chesterfield (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Mechanic
11. Industry or business Titanium Pigment Co.
MOTHER FATHER
12. Name Fred Perstrope
13. Birthplace Katy Stark (City, town, or county) Germany (State or foreign country)
14. Maiden name Chesterfield
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs.Ella Perstrope
(b) Address Rt.6 Box 1800 Sappington,Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16,45 (Month) (Day) (Year)
(c) Place: burial or cremation New St.John's Cem.
18. (a) Signature of funeral director C.Hoffmeister U.&.L.Co.
(b) Address 7814 S.Broadway St.Louis,Mo.
19. (a) JUN 16 1945 (Date received local registrar) (b) E. G. McPherson M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1945 hour 9 (About) minute A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Crushing injury to left side of head & broken neck

Due to Accident

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

176-6

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 096
(b) Date of occurrence June 13th 1945.
(c) Where did injury occur? Lemay, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place
While at work? Yes (Specify type of place) (e) Means of injury Rotating arm of filter machine
23. Signature Arnold J. Wellmann Coroner
Address Clayton, Mo. Date signed 6-13-45

(Licensed Embalmer's Statement on Reverse Side)

JUL 19 1945

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.