

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22411

State File No. _____
Registrar's No. 6265

FILED JUL 28 1945
318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1315a N. 20th. St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1315a N. 20th. St. 9 21
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
- If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Annie Perkovich
3. (b) If veteran, name war none 3. (c) Social Security No. none
4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marco Perkovich 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased July 7th. 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17th
year 1945 hour 8 minute 55 P. 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.

8. AGE: Years Months Days If less than one day
60 0 10 hr. _____ min.

Immediate cause of death
Fifty degeneration of the heart
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 9/31
Major findings:
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Mo. (1)
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Marco Perkovich
(b) Address 1315a N. 20th. St.
17. (a) Burial (b) Date thereof 7-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) Jul 20 1945 (Data received by registrar) J. F. Bredeck (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?
While at work? _____ (Specify type of place) _____ (c) Means of injury _____
23. Signature Alfred Perry (M. D. or other) _____
Address Jefferson Date signed 7/20/45

(Licensed Embalmer's Statement on Reverse Side)

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

100
17
9
11-19

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 P. Buchholz*.....
Licensed Embalmer No. *1674*.....
P. O. Address *2223 St. Louis A*.....

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.