

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

FILED JAN 21 1946

Registration District No. 318

Primary Registration District No. 1003

State File No. 773
Registrar's No. 126

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:
1412 N. 22nd St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 25 yrs

3. (a) PRINT FULL NAME Julia Perry

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

4. Sex Female 3 5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 15th 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 5 7 17 hr. min.

9. Birthplace Canton Miss 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Richard Shivers

13. Birthplace Canton Miss 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann

15. Birthplace unk Miss 1
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Horton

(b) Address 1412 North 22nd Street

17. (a) Burial (b) Date thereof 1-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J.H. Randleman

(b) Address 3133 Bell Ave

19. (a) Jan 5 1946 (b) J.F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 217
(If outside city or town limits, write "RURAL")

(d) Street No. 1412 N 22nd St 9
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 46 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Jan 15 1946 to Jan 1st 1946
that I last saw her alive on Dec 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Mitral Insufficiency

Due to _____

Due to unknown

Other conditions _____ (Include pregnancy within 3 months of death) 92

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy no

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) (Specify means of injury)

23. Signature J.F. Brudeck (i. D. or other) _____ Date signed 1/2/46

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

2904

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 J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.