

S. No. 2
M-5-43
v. 5-17-39
P I X36677

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENTRAL REGISTER
FILED APR 24 1946 STANDARD CERTIFICATE OF DEATH

15090

State File No. _____
Registrar's No. **3465**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1454 La Salle Way**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Louise Perkins**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **495-14-7123**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **13**
year **1946** hour **1** minute **36** A.M.
21. I hereby certify that I attended the deceased from **April 10**
1946 to **Apr. 13** 1946
that I last saw her alive on **April 12**
and that death occurred on the date and hour stated above.

4. Sex **Female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lloyd Perkins**
6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **March 13 1904**
(Month) (Day) (Year)

Immediate cause of death
**Heart failure
due to pericarditis
chronic**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **POA**

8. AGE: Years Months Days If less than one day
42 1 0 hr. min.

9. Birthplace **Edwardsville, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business **Drug Package Co.**

12. Name **Charles Sommerhausen**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Annabelle Walker**

15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Lloyd Perkins**

(b) Address **1454 La Salle Way**

17. (a) **Burial** (b) Date thereof **4-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old-St. Peter & Paul's**

18. (a) Signature of funeral director **Cullinane Bros.**
(b) Address **1710 N. Grand Blvd.**

19. (a) **APR 15 1946** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy **Not done**

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)
Means of injury _____
23. Signature **W. H. Rudger** (M. D. or _____)
Address **1325 S. Grand** Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

13 Apr 1946

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

MOTHER FATHER

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.....

Fred Frick

Licensed Embalmer No..... **3186**

P. O. Address..... **St. Louis, Mo.**

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.