

**FILED** JUN 16 1946 **STANDARD CERTIFICATE OF DEATH**  
Registration District No. **318** Primary Registration District No. **1003**

State File No. **19026**  
Registrar's No. **4831**

**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: **Homer G Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 days** (Specify whether  
in this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME **Perdie Waters**

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. **499-01-9425**

4. Sex **male** 5. Color or race **negro**  
6. (a) Single, widowed, married, divorced **married**

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

7. Birth date of deceased **May 12** 18 **82**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **0** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Labor**

11. Industry or business \_\_\_\_\_

12. Name **Louis Waters**

13. Birthplace **Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Rhodes Wilder**

(b) Address **2722 Dayton Ave**

17. (a) **Burial** (b) Date thereof **6-1-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **Actins Brow**

(b) Address **3644 Fairway Ave**

19. (a) **MAY 29 1946** J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2722 Dayton Ave** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **27**  
year **1946** hour **9** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **5-21** 19 **46** to **5-27** 19 **46**  
that I last saw him alive on **5-27** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebrovascular Accident with Hemiplegia, right** Duration **undt.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **No**

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 **E. B. Williams** (M. D. or other) **3/28/46**  
Address **2601 N. Wheeler** Date signed \_\_\_\_\_

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**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 V. Atkins*

Licensed Embalmer No..... *2842*

P. O. Address..... *3644 Finney Ave*

**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.**