S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22564

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5806

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:
Peop les' Hospital 2221 Locust
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 13, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3947 Page Blvd. 11
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lucille Y. Perry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. General Perry

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June (Month) 22nd (Day) 1896 (Year)

8. AGE: Years 51 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Muldrow (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Maid

11. Industry or business

FATHER
12. Name Simon Wilson
13. Birthplace Muldrow (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Martha Williams
15. Birthplace Muldrow (City, town, or county) Miss. (State or foreign country)

16. (a) Informant (Mrs.) Roxiana Smith
(b) Address 3947 Page Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Ceme

18. (a) Signature of funeral director Peoples' Und. Co.
(b) Address 3100 Franklin Avenue

19. (a) JUN 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 1947 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 17, 1947, to June 10, 1947 that I last saw her alive on June 10, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death
① Pneumonia (Hypostatic) — Duration 3 days
② Intestinal Obstruction (Post-operative) — 4 days

Due to

Due to adherent omentum over the duodenum — unknown

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

Major findings:
Of operations Omentum closely adherent over middle of duodenum causing partial obstruction.
~~Of autopsy~~

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. Elizabeth Country (M. D. or other) M.D.
Address 4602A Page Blvd. Date signed 6-12-47

(Licensed Embalmer's Statement on Reverse Side)

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 Jatie G. Pettus

Licensed Embalmer No. 4484

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.