

FILED JAN 16 1948

318

1003

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Barnes Hospital  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community 19 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3926a Lindell Blvd. 9  
(If rural, give location) 3  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME George Green Perkins

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 0 years  
7. Birth date of deceased May 26th., 1914  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
33 7 12 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Firestone Corp.

12. Name Branch R. Perkins

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

14. Maiden name Cora Bell Mackey

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

16. (a) Informant Mr. Harry Perkins

(b) Address 3926a Lindell Blvd.

17. (a) Burial (b) Date thereof 1-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine place?

18. (a) Signature of funeral director Arthur G. Nonnelly  
(b) Address 3840 Lindell Blvd.

19. (a) JAN 9 1948 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8  
year 1948 hour 8 minute 20 A. M.

21: I hereby certify that I attended the deceased from January 7  
48 to January 8 1948  
that I last saw h. in alive on January 8, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Nephritis - 1  
nephritis  
Due to 151

Other conditions Hypertensive Cardiovascular disease w/ infarcting  
(Include pregnancy within months of death)

Major findings: Of operations

Of autopsy above + fibrous pericarditis

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.....  
3. Signature Ralph [Signature] (M. D.)  
Address Barnes Hospital, Date signed 1/10/48

PHYSICIAN  
Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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 \_\_\_\_\_

*Stanley Marshall*

Licensed Embalmer No. \_\_\_\_\_

*2868*

P. O. Address \_\_\_\_\_

*3840 Lindell*

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.