

STANDARD CERTIFICATE OF DEATH

State File No. 24033

FILED AUG. 11 1948

Registration District No. 318

Primary Registration District No. 6073

Registrar's No. 240

1. PLACE OF DEATH:  
(a) County St. Francois Co.  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 2 Perry Twp  
(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 St. Francois  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 2 Boone Twp Perry Twp  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LAURA E. PERRY  
3. (b) If veteran, name war V  
3. (c) Social Security No. V

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 29th  
year 1948 hour 10 minute 45 A. M.

4. Sex F. 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Louis & Perry  
6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased: Oct 17 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1  
1948, to July 29, 1948.  
that I last saw her alive on July 29, 1948.  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
77 9 12 hr. min.

Immediate cause of death myocarditis  
Duration 1 yr.

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

Due to Arteriosclerosis 3 yr.  
Due to \_\_\_\_\_

10. Usual occupation Retired

Other conditions (Include pregnancy within 3 months of death)  
9315

MOTHER FATHER  
12. Name George Bruck  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Louis S. Perry  
(b) Address R-2 Boone Twp Mo  
17. (a) Burial (b) Date thereof Aug. 31, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

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)

(c) Place: burial or cremation Family Cemetery B.J.  
18. (a) Signature of funeral director Bertram 2nd Co  
(b) Address 313 Bertram Boone Twp Mo  
19. (a) I-2-48 (b) Ether Riedloff  
(Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_  
(Specify type of place)  
While at work? ✓ Means of injury \_\_\_\_\_  
23. Signature Charles Sella (M. D. certifier)  
Address 11 A Dan Boone Twp Mo Date signed 8/2/48

**RECEIVED**

District Health Officer No. 4

District File Number 848-1001

Filed 8-10-48

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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 Clarence J. Claywell

Licensed Embalmer No. 3786

P. O. Address Barnes 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.**