No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24610

State File No.

Registration District No. 318 Primary Registration District No. 100½ Registrar's No. 6293

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: 4290 St. Louis Avenue
(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. 4290 St. Louis Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Sumner Perkins

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Bessie Perkins

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

7. Birth date of deceased June (Month) 25 (Day) 1880 (Year)

8. AGE: Years 68 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Thomas Perkins
13. Birthplace Troy (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Nit Known
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Bessie Perkins Hayes (Daughter)
(b) Address 4290 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Und. Co.
(b) Address 2732 Pine Boulevard

19. (a) JUL 15 1948 (Date received local registrar) (b) J. F. Bracelen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th year 1948 hour 12 minute 30 a. M.

21. I hereby certify that I attended the deceased from July 3rd, 1948, to July 12, 1948, that I last saw him alive on July 9, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (Thrombosis)

Due to Arteriosclerotic Heart Disease

Due to

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

Major findings:
Of operations

Of autopsy

Duration

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 Mark B. Hereford (M. D. or other)
Address 4503 Fulton Date signed 7-12-48

(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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.