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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 24613

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6631

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

**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:
St. Johns Hospital
(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. Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 618 South Hanley Rd
(If rural, give location)

N. R.

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

If yes, name country

3. (a) PRINT FULL NAME Adele L. Weaver Perry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Franklin Perry

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

7. Birth date of deceased 5/4/1893 (Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 21 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William E. Pollock
13. Birthplace (City, town, or county) U.S.A. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) U.S.A (State or foreign country)

16. (a) Informant Franklin Perry
(b) Address 618 South Hanley Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Robert J. Ambruster Inc
(b) Address 6633 Clayton Road

19. (a) JUL 28 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 25th
year 1948 hour 10 minute P M.

21. I hereby certify that I attended the deceased from 7/15/48, 19__, to 7/25/48, 19__;
that I last saw her alive on 7/25/48, 19__;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocardial infarction | 10 days |
| Due to: Arteriosclerotic Coronary | |
| Due to: Thrombosis | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations — | |
| Of autopsy as above | |

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 O. J. Falk (M. D. or other)

Address 3604 Washington Ave Date signed 7/27/48

(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.....

Licensed Embalmer No. 1994

P. O. Address.....

**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.**