

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9953**
Registrar's No. **2741**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) ST Louis		c. LENGTH OF STAY (In this place) 1 Life	c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		b. COUNTY 19
d. FULL NAME OF HOSPITAL OR INSTITUTION 1825 Biddle ST			d. STREET ADDRESS (If rural, give location) 1825 Biddle ST		

3. NAME OF DECEASED (Type or Print) a. (First) Bessie b. (Middle) Denwiddie c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 3 24 1949		
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5. SEX Female	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-23-1904	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work both during most of working life, even if retired) House Work			10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) ST LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Henry Perkins		13b. MOTHER'S MAIDEN NAME Louisa Brown		14. NAME OF HUSBAND OR WIFE -	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Frank Denwiddie	ADDRESS 812 1/2 Can
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 224X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-16-1949**, to **3-24-1949**, that I last saw the deceased alive on **3-24-1949**, and that death occurred at **1:21 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.T. Edwards M.D.	23b. ADDRESS 1936 Franklin Ill	23c. DATE SIGNED 3-25-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-28-49	24c. NAME OF CEMETERY OR CREMATORY Parkdale Cemetery	24d. LOCATION (City, town, or county) (State) St Louis MO
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DATE REC'D BY LOCAL REG. MAR 26 1949	REGISTRAR'S SIGNATURE J.B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE Bernice Love	ADDRESS 3103 Washington
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.