

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25478**

BIRTH NO. _____ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 30023 Registrar's No. 15921

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| 1. PLACE OF DEATH a. COUNTY SAINT LOUIS; b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON, MISSOURI. c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI; b. COUNTY ST. LOUIS; c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY; d. STREET ADDRESS (If rural, give location) 7438 MELROSE AVE. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) JAMES c. (Last) PERCIVAL | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 5 1949 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH DEC 16 1886 |
| 9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months 6 IF UNDER 1 HR. Days 19 Hours Min. | | 11. BIRTHPLACE (State or foreign country) SAINT LOUIS, MISSOURI. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED | | 10b. KIND OF BUSINESS OR INDUSTRY AUTOMOTIVE MACH. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME GEORGE G. PERCIVAL | |
| 13b. MOTHER'S MAIDEN NAME AMY ELKINGTON | | 14. NAME OF HUSBAND OR WIFE JANET R. MILLER PERCIVAL | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. 488-09-3716 | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs Janet R. Miller Percival | | 7438 ADDRESS MELROSE. | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Coronary Atherosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Myocardial Infarct - 1946 | |
| INTERVAL BETWEEN ONSET AND DEATH 3-5 yrs | | 19a. DATE OF OPERATION | |
| 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 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) 9 4 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 9 , 19 49 , to 6/5 , 19 49 , that I last saw the deceased alive on 6/2 , 19 49 , and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE [Signature] (Degree or title) | | 23b. ADDRESS 5899 Delmar | |
| 23c. DATE SIGNED 7/6/49 | | 24a. BURIAL/CREMATION REMOVAL (Specify) BURIAL | |
| 24b. DATE JULY 8 1949 | | 24c. NAME OF CEMETERY OR CREMATORY OAK GROVE | |
| 24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO. | | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS C. R. LUPTON & SONS - 7233 DELMAR BLVD. | |
| DATE REC'D BY LOCAL REG. 7-6-49 | | REGISTRAR'S SIGNATURE [Signature] | |

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

96
2
3

5899 Bellmore.
Ca 7201. after 9:30 p.m.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.