

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28390

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 REGISTRAR'S NO. 7750

1. PLACE OF DEATH a. COUNTY <i>State Hosp</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>5400 Arsenal</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Webster Groves</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp.</i>		STREET ADDRESS (If rural, give location) <i>840 Clark</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>EARL</i> b. (Middle) <i>JOE</i> c. (Last) <i>PERRY</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>9 3 49</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Aug 22-1886</i>
9. AGE (In years, Months, Days) <i>63</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>St Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Earl W. Hock</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Richards</i>	
14. NAME OF HUSBAND OR WIFE <i>Perry</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Perry Noel Webster Groves Mo</i>	
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* <i>Acute Stenosis; Fr of right femur (neck) Pleurisy with effusion.</i>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <i>suffered when deceased fell at her home at 840 Clark St. Webster Groves Mo on June 1st 1949 at about 600 pm</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) <i>Home</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Webster Groves Mo Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <i>June 1 49 p m. 600</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>135</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>7:30 A m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Earl Perry</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>9/5/49</i>			
24a. BURIAL - CREMATION - REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>9-5-49</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>SEP 7 1949 J. B. Lamm</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>McGrogan 7146 Manchester</i>	

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

7750

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 Howard J Powell

Licensed Embalmer No. 3114

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.