

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43933

State File No.

318

1003

Registrar's No. 376

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) ST. Louis		c. LENGTH OF STAY (in this place) 35 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				d. STREET ADDRESS (If rural, give location) 1611-R Franklin Avenue			
3. NAME OF DECEASED (Type or Print)		a. (First) Robert		b. (Middle) Hillard		c. (Last) Perry	
4. DATE OF DEATH		(Month) 12		(Day) 29		(Year) 1949	
5. SEX Male 2	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-5,- 1907		9. AGE (in years last birthday) 42	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY ST. Louis Bottle.		11. BIRTHPLACE (State or foreign country) Little Rock Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Perry		13b. MOTHER'S MAIDEN NAME Molly Maxwell		14. NAME OF HUSBAND OR WIFE Catherine Perry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Flotter</i> 1608. A. Biddle, Street			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis, Far Advanced ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 3 mos.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis of Scrotum		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)		102-X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 12-7-1949, to 12-29-1949, that I last saw the deceased alive on 12-29-1949, and that death occurred at 7:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Edward Biddle</i>				23b. ADDRESS 2601 N. Whittier St.		23c. DATE SIGNED 12-31-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE JAN 13 1950		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) ST. Louis Missouri	
DATE REC'D BY LOCAL JAN 13 1950		REGISTRAR'S SIGNATURE <i>Basler</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Rowland M...</i> 4104 March...			

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 *John A. Bryant*
Licensed Embalmer No. 4441
P. O. Address 2829 Washington Blvd

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.