

FILED MAR. 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4728

BIRTH NO. _____		REG. DIST. NO. <u>144</u>	PRIMARY REG. DIST. NO. <u>4235</u>	Registrar's No. <u>3</u>
1. PLACE OF DEATH a. COUNTY <u>IRON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS CITY</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ANNAPOLIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		
c. LENGTH OF STAY (In this place) <u>2 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1403 CHOTEAU AVE</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		3. NAME OF DECEASED (Type or Print) a. (First) <u>GERALD</u> b. (Middle) <u>GLENN</u> c. (Last) <u>PERRY</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>2 26 50</u>		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		
8. DATE OF BIRTH <u>APRIL 5/1929</u>		9. AGE (In years last birthday) <u>20</u> IF UNDER 1 YEAR (Months) <u>9</u> IF UNDER 12 HRS. (Days) <u>27</u> (Hours) <u>Min.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>BIG SANDY TENN.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>UNK</u> 13b. MOTHER'S MAIDEN NAME <u>MAURINE HODGE</u> 14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>493-24-343</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Ainley</u> ADDRESS <u>1830 Russel Blvd ST. LOUIS</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURED SKULL</u> ANTECEDENT CAUSES DUE TO (b) <u>BROKEN NECK</u> DUE TO (c) <u>AUTOMOBILE ACCIDENT ON HIGHWAY</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>LOST CONTROL OF CAR AT HIGH SPEED</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>AND OVER TURNED</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8:27 32</u> #21
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u> 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HWYWAY #21</u> 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ANNAPOLIS IRON MO</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 26 50 11:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 21f. HOW DID INJURY OCCUR? <u>AUTO ACCIDENT 047</u>		
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 _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Dr. Howell</u> (Degree or title) <u>3 JORONER</u>		23b. ADDRESS <u>IRONTON MO</u>		23c. DATE SIGNED <u>2/27/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/1/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARMARVILLE TENN</u> 24d. LOCATION (City, town, or county) (State) <u>MARTIN TENN.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 28, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> 128		25. FUNERAL DIRECTOR'S SIGNATURE <u>JONES FUNERAL HOME MARTIN TENN</u> ADDRESS _____

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

RECEIVED

MAR 3 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-293

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 C. A. Howell

Licensed Embalmer No. 3670

P. O. Address Winton, N.H.

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.