

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21904

State File No. 5837

FILED JUL 13 1950

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>Nil</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dillard</b> <b>0280</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b> <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <b>GEORGE BASCOM PERKINS</b> (Type or Print)			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>July 4 1950</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 5, 1865</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>29</b>	IF UNDER 4 MRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad (Frisco)</b>		11. BIRTHPLACE (State or foreign country) <b>Cincinnati, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13a. FATHER'S NAME <b>Wm. Thomas Perkins</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah De Camp</b>		14. NAME OF HUSBAND OR WIFE <b>Olive Reamy Perkins</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>703-01-5905NO.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. J.W. Kline, 719 Colebrook Dr., W.C.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chr. Myocardial Failure</b> DUE TO (c) <b>Semiplegia</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>24hr</b> <b>3mos</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Prostatectomy 2 1/2 mos ago - Penney</b>				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) <b>St. Louis Missouri</b>		21f. HOW DID INJURY OCCUR? <b>612X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>April</b> , 19 <b>50</b> , to <b>7/4/</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>7/3/50</b> , 19 <b>50</b> , and that death occurred at <b>4 a.m.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <b>Walter H. Wolfe M.D.</b>				23b. ADDRESS <b>3108 S. Grand</b>		23c. DATE SIGNED <b>7/5/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 6, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkwood, 22, Mo.</b>	
DATE REC'D BY LOCAL REG. 1950 <b>JUL 6 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Bascom</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mittelberg Fun'l Home,</b>			

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

REC'D  
OCT 18 1956

REC'D  
OCT 17 1956

OCT 18 1956

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 Elmo P. Padwell

Licensed Embalmer No. 4077

P. O. Address \_\_\_\_\_

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.