

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6517
1668

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phillips Hospital		11. STREET ADDRESS (If rural, give location) 3802 Finney Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) A. b. (Middle) C. c. (Last) Pernell			4. DATE OF DEATH (Month) (Day) (Year) Feb. 16 1951			
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 20, 1922	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Hours 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sunflower, Miss.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME A. J. Pernell		13b. MOTHER'S MAIDEN NAME Dollie Drain		14. NAME OF HUSBAND OR WIFE Willie Bell Pernell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. #2		16. SOCIAL SECURITY NO. 488-30-2340		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dessie Ree Pernell 3802 Finney Ave.	

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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Old Myocardial Infarct II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H20	

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 **9:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E Taylor 3		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2-17-51	
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 20, 1951		24c. NAME OF CEMETERY OR CREMATORY Zion Chapel Cemetery	
		24d. LOCATION (City) town, or county) (State) Greenville Miss.			

DATE REC'D BY LOCAL REG FEB 19 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Randle & Son 3133 Bell Ave.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

325
3

APR 17 1951

1959
72
8885

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 S J Shattuck

Licensed Embalmer No. 2698

P. O. Address 2769 Charlotte

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.