

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28606

FILED SEP 8 1951

State File No. 7508

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 Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 2-days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights 448.5 f. STREET ADDRESS 1610 Big Ben Road	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Joyce c. (Last) Perkins			4. DATE OF DEATH (Month) (Day) (Year) Aug. 22, 1951
5. SEX M. 0	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M. 1	8. DATE OF BIRTH Apr. 26, 1899
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Owner-Pladium Club	11. BIRTHPLACE (State or foreign country) Terre Haute, Ind.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Owner-Pladium Club		10b. KIND OF BUSINESS OR INDUSTRY Club	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Thomas Henry Perkins		13b. MOTHER'S MAIDEN NAME Elena A. Joyce	14. NAME OF HUSBAND OR WIFE Mrs. Magdalene Perkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War # 1		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Magdalene Perkins, 1610 Big Ben Road
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) 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	20. AUTOPSY? YES <input 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? 260X
22. I hereby certify that I attended the deceased from <u>Aug 21</u> , 19 <u>51</u> , to <u>Aug. 22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 22</u> , 19 <u>51</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Rephnee McKeon, M.D.</u>		23b. ADDRESS <u>634 W. Grand</u>	23c. DATE SIGNED <u>8/23-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 25, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery
24d. LOCATION (City, town, or county) (State) East St. Louis, Ill.		24e. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 23 1951 <u>Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur J. Donnelly</u> 3840 Lindell Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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 me

working under my personal supervision.

Student Embalmer No.....

Signed

*[Handwritten Signature]*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.