

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **482465**

**FILED JAN 16 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11630**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2257</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1313a Hadley Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ethel</b>		b. (Middle)	
c. (Last) <b>Perkins</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 28 1951</b>	
5. SEX <b>Female 3</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 2, 1901</b>
9. AGE (In years last birthday) <b>50</b>	10. IF UNDER 1 YEAR Months <b>10</b> Days <b>25</b>	11. IF UNDER 24 HRS. Hours <b>1</b> Min.	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (State or foreign country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Frank Ingram</b>		13b. MOTHER'S MAIDEN NAME <b>Savannah Williams</b>	
14. NAME OF HUSBAND OR WIFE <b>Luther 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>None</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Luther Perkins 1313a Hadley St.</b>			
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)		<b>Congestive Heart Failure</b>	
INTERVAL BETWEEN ONSET AND DEATH		<b>Undetermined</b>	
ANTECEDENT CAUSES		<b>Uremia</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		<b>Hypertensive Heart Disease</b>	
II. OTHER SIGNIFICANT CONDITIONS		Undetermined	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		<b>443X</b>	
22. I hereby certify that I attended the deceased from <b>Dec. 1, 1951</b> , to <b>Dec. 27, 1951</b> , that I last saw the deceased alive on <b>Dec. 27, 1951</b> , and that death occurred at <b>1:20 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Lorenzo W. Harris M.D.</b>		23b. ADDRESS <b>2601 N. Whittier Street</b>	
23c. DATE SIGNED <b>Dec. 29, 1951</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Dec. 30, '51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Hickory Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Memphis Tenn.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 29 1951</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>C. J. Nash</b>		ADDRESS <b>3847 Page</b>	

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

8

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DATE OF DEATH \_\_\_\_\_

PLACE OF DEATH \_\_\_\_\_

AGE \_\_\_\_\_

SEX \_\_\_\_\_

CAUSE OF DEATH \_\_\_\_\_

PLACE OF BURIAL \_\_\_\_\_

DATE OF BURIAL \_\_\_\_\_

NAME OF FUNERAL HOME \_\_\_\_\_

ADDRESS OF FUNERAL HOME \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

COUNTY \_\_\_\_\_

ZIP \_\_\_\_\_

**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 \_\_\_\_\_

working under my personal supervision.

Signed

*C. J. Nash*

Signed.....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_  
Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.

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