

FILED JAN 10 1952

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

48848
State File No. 10920

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **10920**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Louis**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **7023 Oleatha Ave.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **2039**
3. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**
d. STREET ADDRESS (If rural, give location) **7023 Oleatha Ave.**

3. NAME OF DECEASED a. (First) **Willis** b. (Middle) **Otis** c. (Last) **Perry** 4. DATE OF DEATH (Month) **Dec.** (Day) **9** (Year) **1951**

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Feb. 24, 1881** 9. AGE (in years last birthday) **70**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY **U. S. Army** 11. BIRTHPLACE (State or foreign country) **Hickox, Pa.** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Almeron Perry** 13b. MOTHER'S MAIDEN NAME **Johnson** 14. NAME OF HUSBAND OR WIFE **Clara G. Perry**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **SAW and WWI** 16. SOCIAL SECURITY NO. **492-22-4810** 17. INFORMANT'S SIGNATURE OR NAME **Clara G. Perry** ADDRESS **7023 Oleatha 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary artery disease - clinical duration of 3 months.**
ANTECEDENT CAUSES DUE TO (b) **Hypertension.**
DUE TO (c) _____
11. 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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **H 201**

22. I hereby certify that I attended the deceased from **9/24/34**, 19____, to **12/9/51**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:00P** m., from the causes and on the date stated above.

23a. SIGNATURE **Geo. H. Mathias M.D.** (Degree or title) 23b. ADDRESS **3167 So. Grand Blvd.** 23c. DATE SIGNED **12/9/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 24b. DATE **Dec. 12, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Missouri Crematory** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **DEC 10 1951** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **C. Hoffmeister** ADDRESS **Colonial Mortuary 6164 Chippewa St., St. Louis, Mo.**

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

JAN 1 0 1952

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.

Student Embalmer No.....

Signed *Linus C. Hoffmeister*

Signed.....
Student Embalmer

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Brook*

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.