

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **4703**

No. 300  
10-48

FILED JUN 6 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. **32673**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS MATERNITY HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>761 WALTON STREET</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>PERKINS</b> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>5-15-52</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NO</b>	8. DATE OF BIRTH <b>5-15-52</b>	9. AGE (In years last birthday)	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NO</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>AUGUST THERON PERKINS</b>	13b. MOTHER'S MAIDEN NAME <b>LAURA MUSE POLK</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</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>AUGUST &amp; LAURA PERKINS 761 WALTON 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Depression of respiratory center - no. grad. evidence at autopsy of any cause.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Immaturity (2610 Con.)</i>		INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs. 5 min.</b>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>7735</b>

22. I hereby certify that I attended the deceased from **5-15-52**, 19**52**, to **5-15**, 19**52**, that I last saw the deceased alive on **5-15**, 19**52**, and that death occurred at **12:45p** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Dorothy L. Rodgers</i>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>630 S. Kingshighway</b>	23c. DATE SIGNED <b>5-16-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>5-31-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>

DATE REC'D BY LOCAL REG. <b>MAY 21 1952</b>	REGISTRAR'S SIGNATURE <i>J. Earl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Rowland 4104 Manchester</i>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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**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.....

Licensed Embalmer No. \_\_\_\_\_

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.