

FILED OCT 1 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33313

State File No. ....

318

1003

8751

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ 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 2039

d. FULL NAME OF HOSPITAL OR INSTITUTION 6016 Columbia

d. STREET ADDRESS (If rural, give location) 6016 Columbia 0

3. NAME OF DECEASED (Type or Print)  
a. (First) John b. (Middle) Sidney c. (Last) Perry

4. DATE OF DEATH (Month) (Day) (Year)  
Sept. 17, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 9, 1902

9. AGE (In years last birthday) 50  
# UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
# UNDER 1 HR. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner

10b. KIND OF BUSINESS OR INDUSTRY Tavern

11. BIRTHPLACE (City and State or Foreign Country) Weir City, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Raymond R. Perry

13b. MOTHER'S MAIDEN NAME Bertha Gallage

14. NAME OF HUSBAND OR WIFE Cordula

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 489-10-1740

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Cordula Perry, 6016 Columbia

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) Coronary Thrombosis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis type  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 5 mins.

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? 4201

22. I hereby certify that I attended the deceased from 9/8, 1952, to 9/17, 1952, that I last saw the deceased alive on 9/17, 1952, and that death occurred at 10:00a., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Simpson M.D.

23b. ADDRESS 3739 Grandis

23c. DATE SIGNED 9-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 9-20-52

24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park

24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. SEP 18 1952

REGISTRAR'S SIGNATURE J. Chalmers Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

WRITE PLAINLY—USING UNEADING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. M. Dinkley

Licensed Embalmer No. 3652

P.O. Address St. Louis, 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.