

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40599**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10893**

FILED DEC 12 1952

|   |                               |  |  |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2042</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>  |                               | d. STREET ADDRESS (If rural, give location) <b>7117 Manchester</b>   |  |
| 3. NAME OF DECEASED<br>a. (First) <b>JOSEPH</b> b. (Middle) c. (Last) <b>PERCICH</b>  |                               |  | 4. DATE OF DEATH <b>NOVEMBER 25, 1952</b>                                |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>  | 8. DATE OF BIRTH <b>Dec. 9, 1886</b>                                     |
| 9. AGE (In years last birthday) <b>65</b>   |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plumber</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Austria</b>        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plumber</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>H. Landers Plb. Co.</b>   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>                                 |
| 13a. FATHER'S NAME <b>Unknown</b>   |                               | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   | 14. NAME OF HUSBAND OR WIFE <b>None</b>                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |                               | 16. SOCIAL SECURITY NO. <b>498-01-0889</b>   | 17. INFORMANT'S SIGNATURE OR NAME <b>Myrtle Voorhis, 7117 Manchester</b> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last...<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS:<br>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?<br>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>159X</b>  |                               |  |  |
| 22. I hereby certify that I attended the deceased from <b>10-31-52</b> , 19 <b>52</b> , to <b>11-25-52</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>11-25-52</b> , 19 <b>52</b> , and that death occurred at <b>12:07 P.M.</b> , from the causes and on the date stated above. |                               |  |  |
| 23a. SIGNATURE <b>Heber B. Zimmerman</b>  |                               | 23b. ADDRESS <b>1515 Lafayette Avenue</b>  |  |
| 23c. DATE SIGNED <b>11-25-52</b>  |                               |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |                               | 24b. DATE <b>11-28-52</b>  |  |
| 24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>   |                               | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>  |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>NOV 26 1952</b>  |                               | 25. FUNERAL DIRECTOR'S SIGNATURE <b>M.A.H. Bocklage, 6536 Clayton Rd.</b>  |  |

Dr. contacted. Probably #9 heart was primary

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John J. Harris*

Licensed Embalmer No. 4108

P. O. Address Albany 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.