

STANDARD CERTIFICATE OF DEATH

State File No.

RECEIVED JAN 30 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 0-211

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>	
c. LENGTH OF STAY (In this place) <u>Unknown</u>		d. STREET ADDRESS (If rural, give location) <u>820 Pennsylvania Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>820 Pennsylvania Ave</u>			

3. NAME OF DECEASED a. (First) <u>DAN</u> (Type or Print)	b. (Middle)	c. (Last) <u>PERKINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEATH JAN 17 1953</u>
---	-------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 7 1893</u>	9. AGE (In years last birthday) <u>59</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY: <u>Apt Building</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--------------------	-----------------------------	---	-------------------------------------	---	---	--	---	--

13a. FATHER'S NAME <u>Henry Perkins</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Perkins</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>W.W. # 1</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Perkins</u>	ADDRESS <u>4236 Papin St St. Louis, Mo</u>
---	-------------------------------------	---	--

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) <u>Inhalation of carbon monoxide fumes and severe burns- suffered in the basement of apartment building which he used as sleeping quarters and at an unknown time, caught fire.</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>basement of apartment building which he used as sleeping quarters</u>		
	DUE TO (c) <u>which in some unknown manner</u>		
11. OTHER SIGNIFICANT CONDITIONS <u>and at an unknown time, caught fire.</u> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>134 E9160</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	--

21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Basement of Apt</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>University City</u> (COUNTY) <u>16</u> (STATE) <u>St. Louis Mo.</u>
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>1/17/53 8:45 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Sleeping quarters in basement caught on fire.</u>
---	--	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE <u>Arnold J. Willmann</u> (Degree or title) <u>3rd Class</u>	22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>1/20/53</u>
---	----------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-22-1953</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson Brks, Mo</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>1-27-53</u>	REGISTRAR'S SIGNATURE <u>Haskell R. Doulos</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.H. Randle & Son</u>	ADDRESS <u>3133 Bell Ave</u>
---	--	---	------------------------------

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 _____

J. J. Hatcher

Licensed Embalmer No. *2698*

P. O. Address *27690 Christie*

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.