

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26776

FILED JUL 31 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6505

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis Mo</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pronounced dead - City Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2212^{1/2} Dodier</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bert</u>		b. (Middle) <u>Ralph</u>		c. (Last) <u>Pervorse</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 29-1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>6-8-1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Warehouse laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stix Baer Fuller</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George Pervorse</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Backus</u>		14. NAME OF HUSBAND OR WIFE <u>Antoinette Pervorse</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>385-24-1136</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Antoinette Pervorse - 2212^{1/2} Dodier</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tubercular Congestion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Artic Stenosis</u> DUE TO (c) <u>Cardiac Hypertrophy</u>				INTERVAL BETWEEN ONSET AND DEATH	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>4343</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 <u>5:45</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (In case or title) <u>Patrick L Taylor</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>6-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-3-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarksville Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksville, Mich</u>	
DATE REC'D BY LOCAL REG. <u>JUN 30 1953</u>		REGISTRAR'S SIGNATURE <u>J Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edward Koch & Son - 3516 N. 14th</u>			

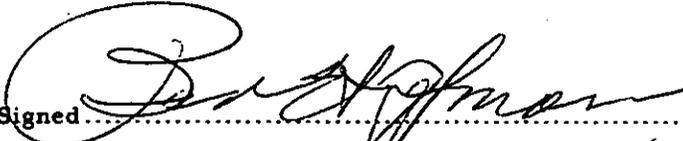
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 43
P. O. Address Spur 7

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.