

S. No. 306
v. 10.45

4006
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30577

State File No. 11082-208
Registrar's No. 2208

FILED AUG 25 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531

1. PLACE OF DEATH a. COUNTY ST. LOUIS, MISSOURI.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI. b. COUNTY ST. LOUIS,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY 5,		c. CITY OR TOWN UNIVERSITY CITY 5,	
c. LENGTH OF STAY (in this place) 8 months		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res: 370 ALTA DENA COURT.		e. STREET ADDRESS (If rural, give location) 370 ALTA DENA COURT. 37 4376 0	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) CLARK	c. (Last) PERRY.	4. DATE OF DEATH (Month) (Day) (Year) August 11, 1953.
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5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH Aug. 9, 1880	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired partner	10b. KIND OF BUSINESS OR INDUSTRY W.W. White Co.	11. BIRTHPLACE (City and State or Foreign Country) Narra Gansett, Rhode Island	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George E. Perry	13b. MOTHER'S MAIDEN NAME Emma Eldred	14. NAME OF HUSBAND OR WIFE Lena Florence Perry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lena F. Perry 370 Alta Dena Court
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis & Infarction		30 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Dis		10 yrs
II. OTHER SIGNIFICANT CONDITIONS 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec, 1951, to Aug 11, 1953, that I last saw the deceased alive on Aug 11, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Delmar Belknap M.D.	23b. ADDRESS 8305 Delmar - St. R. (24)	23c. DATE SIGNED Aug 11 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 8/13/45	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Wakefield, Rhode Island
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DATE REC'D BY LOCAL REG. 8-12-53	REGISTRAR'S SIGNATURE Herbert R. Domb - M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. LUPTON & SONS, 7233 DELMAR BLV'D.,
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P. (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Arnold W. Scherer*.....

Licensed Embalmer No. *3864*.....

P. O. Address *St. Louis*.....

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.