

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10333**  
REG. DIST. NO. **1003** Registrar's No. **2496**

**FILED MAR 25 1954**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** **318** **PRIMARY REG. DIST. NO.** **1003** **Registrar's No.** **2496**

**1. PLACE OF DEATH**  
a. COUNTY **318**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)  
a. STATE **Missouri** b. COUNTY **2259**

**3. CITY OR TOWN** **ST. LOUIS, MISSOURI** **c. LENGTH OF STAY** (In this place) \_\_\_\_\_ **d. Is Residence within limits of a city or incorporated town?** Yes  No

**4. FULL NAME OF HOSPITAL OR INSTITUTION** **ST. LOUIS CITY HOSPITAL** **e. STREET ADDRESS** (If rural, give location) **25** **Laclede Hotel 520 Chestnut**

**3. NAME OF DECEASED**  
a. (First) **HERBERT** b. (Middle) **LEE** c. (Last) **PERRY** **4. DATE OF DEATH** (Month) (Day) (Year) **MARCH 17, 1954**

**5. SEX** **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **married** **8. DATE OF BIRTH** **June 24, 1879** **9. AGE** (In years last birthday) **74** **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **R. R. Telegrapher** **11. BIRTHPLACE** (City and State or Foreign Country) **Schuylkill, Pa.** **12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **Henry Valentine Perry** **13b. MOTHER'S MAIDEN NAME** **Elmina E. Kleckner** **14. NAME OF HUSBAND OR WIFE** **Eva**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **yes** (If yes, give war or dates of service) **W.W.#1** **16. SOCIAL SECURITY NO.** **187-10-4676** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs. Alice Fricke** **ADDRESS** **131 Bailey Road Rocky Hill, Conn.**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Generalized Arteriosclerosis** **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)** \_\_\_\_\_ **DUE TO (c)** \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS** **Gastrointestinal Hemorrhage of Unknown Cause** **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  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?** **4500**

**22. I hereby certify that I attended the deceased from** **3-15-54**, 19\_\_\_\_, **to** **3-17-54**, 19\_\_\_\_, **that I last saw the deceased alive on** **3-17-54**, 19\_\_\_\_, **and that death occurred at** **4:00P** m., **from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title) **Edward P. Giffin M.D.** **23b. ADDRESS** **1515 Lafayette Avenue** **23c. DATE SIGNED** **3-18-54**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Removal** **24b. DATE** **3/19/54** **24c. NAME OF CEMETERY OR CREMATORY** **Memorial Park Cem.** **24d. LOCATION** (City, town, or county) (State) **St. Louis Co Mo**

**DATE REC'D BY LOCAL REG.** **MAR 18 1954** **REGISTRAR'S SIGNATURE** **J. Earl Smith Md** **25. FUNERAL DIRECTOR'S SIGNATURE** **Alexander J. Semb** **ADDRESS** **6175 Delmar**

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 *Jose McCullah*.....

Licensed Embalmer No. *20116*.....

P. O. Address *6175 De*.....

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.