No. 300
10-48

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17019

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY St. Charles Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Charles Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Trian Resort

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Hts Mo 4485
d. STREET ADDRESS (If rural, give location) 1009 Yale Ave

3. NAME OF DECEASED (Type or Print)
a. (First) Don
b. (Middle) RAY
c. (Last) Perry

4. DATE OF DEATH (Month) 5 (Day) 30 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Jan 15-1938
9. AGE (In years last birthday) 16 — IF UNDER 1 YEAR: Months 4, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harry E Perry Deceased
13b. MOTHER'S MAIDEN NAME Mary Hildebrand
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 493-36-0315
17. INFORMANT'S SIGNATURE OR NAME Minnie Marie Perry — ADDRESS 1009 Yale Ave

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, asthenia, 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) _____

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Accidental Drowning
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS E9294 42
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) Drowning
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Gran Lake
21c. (CITY, TOWN, OR TOWNSHIP) St Charles (COUNTY) St. Charles (STATE) Mo
21d. TIME OF INJURY (Month) May (Day) 5 (Year) 1954 (Hour) 210 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Swimming in lake

22. *I hereby certify that I attended the deceased from* Head Inquest, *to* May 31, 1954, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 210 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Minnie Mushany Coroner
23b. ADDRESS Wentzville Mo
23c. DATE SIGNED May 31-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 7-1954
24c. NAME OF CEMETERY OR CREMATORY Parkview Cem
24d. LOCATION (City, town, or county) Farmington Mo (State)

DATE REC'D BY LOCAL REG. May 31-1954
REGISTRAR'S SIGNATURE Fannie Hamilton
25. FUNERAL DIRECTOR'S SIGNATURE C. H. Borklage — ADDRESS 6536 Clayton Rd Rich Hts 17 Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 16 19[illegible]

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 S Hennehy

Licensed Embalmer No. 4194

P. O. Address St Louis 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.