

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25071**  
Registrar's No. **6863**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>None</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2222 a Market Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Riley</b>		b. (Middle) _____ c. (Last) <b>Perkins</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 21, 1954</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>Negro</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Unknown</b>		8. DATE OF BIRTH <b>Unk. About 1878</b>	
9. AGE (In years last birthday) <b>Abt 76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Macon, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Riley Perkins, Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Unavailable</b>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Willie Perkins, 2841 Clark Avenue</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Possible cerebral thrombosis</b>  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 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		21a. ACCIDENT (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? <b>332x</b>		22. I hereby certify that I attended the deceased from <b>July 20</b> , 19 <b>54</b> , to <b>July 21</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>July 21</b> , 19 <b>54</b> , and that death occurred at <b>10:55p</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>E. B. Williams, M.D.</b>		23b. ADDRESS <b>2601 N. Whittier</b>	
23c. DATE SIGNED <b>7/22/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>7/26/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis county Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Atkins Bros Undertaking Co.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 23 1954</b>		ADDRESS <b>3644 Finney</b>	

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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 *John K. Cunningham*

Licensed Embalmer No. 4476....

P. O. Address 4700 Hammett P.

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.