

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10042**  
Registrar's No. **2296**

FILED MAR 31 1955

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2296</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, MO</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		<b>2219</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>612 N. Beaumont</b>				d. STREET ADDRESS (If rural, give location) <b>21 612 N. Beaumont, Ade.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARENCE.</b> b. (Middle) <b>PERKINS</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>2 21 1955</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married.</b>		8. DATE OF BIRTH <b>3-10-1904</b>	
9. AGE (In years last birthday) <b>50</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Tupelo Miss</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Deceased</b>		13b. MOTHER'S MAIDEN NAME <b>Deceased</b>		14. NAME OF HUSBAND OR WIFE <b>Effie Perkins</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>X Bessie Perkins</b> ADDRESS			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxiation from aspiration of blood from nasal hemorrhage, on or about July 27 1955, exact time unknown</b> ANTECEDENT CAUSES (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (c) <b>Hemorrhage, on or about July 27 1955, exact time unknown</b> 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 <b>unknown</b>		20. AUTOPSY? <b>Accident</b>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>9229</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>7-2-46</b>			
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 <b>105A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>James M. Kelly</b> (Degree or title) <b>Deputy Physician</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>3/14/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-14-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co MO</b>	
DATE REC'D BY LOCAL REG. <b>MAR 14 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sneed Funeral Home</b> ADDRESS <b>3615 Booth</b>			

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 .....  
Student Embalmer

Signed *Lee J. Sneed*  
\_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.