

10043

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No.

XC # 998 12 95

REG # 3136

SL # 12564

BIRTH NO. FILED APR 5 1855

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

2727

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (in this place) 214 DAYS	c. CITY OR TOWN EAST ST. LOUIS	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 John J. Geenan VETERANS ADMINISTRATION HOSP.		STREET ADDRESS (If rural, give location) 75 712C NORTH 6TH STREET 8128		
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First)	b. (Middle)	c. (Last) PERKINS
4. DATE OF DEATH 3-25-55		(Month)	(Day)	(Year)
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-3-06	9. AGE (in years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOCKMAN	10b. KIND OF BUSINESS OR INDUSTRY STOCK YARDS	11. BIRTHPLACE (City and State or Foreign Country) CROSSVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN T. PERKINS		13b. MOTHER'S MAIDEN NAME AGNES MUSCEL		14. NAME OF HUSBAND OR WIFE HELEN PERKINS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII		16. SOCIAL SECURITY NO. 327-01-7620	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEPATIC CIRRHOSIS		INTERVAL BETWEEN ONSET AND DEATH 18 MONTHS		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5810	
22. I hereby certify that I attended the deceased from 8-23-54, 19___, to 3-25-55, 19___, that he had been deceased since 8-23-54 and that death occurred at 7:55 P.M., from the causes and on the date stated above.				
23a. SIGNATURE John M. Mc Carthy		(Degree or title) M. D.	23b. ADDRESS VAH, ST. LOUIS, MISSOURI	23c. DATE SIGNED 3-25-55
24a. BURIAL CEMETERY, TOWN, REMOVAL (Specify) 3-29-1955 NATIONAL		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY JEFF BKS MO	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. MAR 26 1955		REGISTRAR'S SIGNATURE J. Earl Smith, Md	25. FUNERAL DIRECTOR'S SIGNATURE Harry Robin	
			ADDRESS 6 St Louis 222	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Frank Proff*.....
Licensed Embalmer No. *43*.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.