

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20314

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4958**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **7 yrs**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3442 Iowa Ave.**
STREET ADDRESS (If rural, give location) **3442 Iowa** **2249**

3. NAME OF DECEASED
a. (First) **Ella** b. (Middle) **N.** c. (Last) **PERKINS**
4. DATE OF DEATH (Month) (Day) (Year) **June 6, 1955**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widow** 8. DATE OF BIRTH **Feb. 10, 1877** 9. AGE (In years last birthday) **78** IF UNDER 1 YEAR Months Days IF UNDER 4 WRS. Hours Min.

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

13a. FATHER'S NAME **John Wren** 13b. MOTHER'S MAIDEN NAME **Emily Ezell** 14. NAME OF HUSBAND OR WIFE **deceased Jacob Perkins**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Lera Murray, 3442 Iowa** ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Myocardial Disease and Arterio-Sclerosis**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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 **Conditions contributing to the death but not related to the disease or condition causing death.**
INTERVAL BETWEEN ONSET AND DEATH **3 yrs**

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? **4221**

22. I hereby certify that I attended the deceased from about **6/1/52** to **6/8/55**, 19____, that I last saw the deceased alive on **6/6/55**, 19____, and that death occurred at **4:15 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Paul B. Uebel M.D.** 23b. ADDRESS **1915th Sidney St** 23c. DATE SIGNED **6/7/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **6/9/55** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **JUN 7 1955** REGISTRAR'S SIGNATURE **Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Fendler Und. Co., 7420 Michigan** ADDRESS _____

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

Dr. Webb
1915³ Sidney
Pa. J-1288

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 *W. G. Peterson*

Licensed Embalmer No. *370*

P. O. Address *7420 W*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.