

FILED JUL 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 541

20571

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1465

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. LOUIS</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>CLAYTON</u> |  | c. CITY OR TOWN <u>CRESTWOOD</u>  |  |
| c. LENGTH OF STAY (In this place)<br><u>2 DAYS</u>                                     |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>ST. LOUIS CO. HOSP.</u>                  |  | STREET ADDRESS (If rural, give location)<br><u>1735 RIDGEWOOD DR.</u>   |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Cordula</u> b. (Middle) <u>E.</u> c. (Last) <u>Perry</u>                             |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>June 26 '55</u> |   |  |
| 5. SEX<br><u>FEMALE</u>  |  | 6. COLOR OR RACE<br><u>WHITE</u>                         |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>WIDOW</u>      |  |
| 8. DATE OF BIRTH<br><u>MAR. 5, 1898</u>  |  | 9. AGE (In years last birthday)<br><u>57</u>             |  | IF UNDER 1 YEAR<br>Months Days Hours Min.                                   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>MACHINE OPERATOR-ADVANCE PAPER BOX CO.</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>1300 BOX CO.</u> |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>BOONVILLE, MO.</u> |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>  |  |  |  |   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME<br><u>DE WITT C. POTTER</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>JOSIE CAMPBELL</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>LATE JOHN S. PERRY</u> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or date of service)<br><u>NO</u> |  | 16. SOCIAL SECURITY NO.<br><u>NONE</u>             |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>EUGENE PERRY</u> |  |
|  |  |  |  | ADDRESS<br><u>1735 RIDGEWOOD DR.</u>                     |  |

|  |  |  |  |                                  |  |
|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><u>SARCOMATOSIS, MASSIVE, GENERALIZED UNK.</u> |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| ANTECEDENT CAUSES  |  | DUE TO (b)   |  |                                  |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (c)   |  |                                  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input checked="" type="checkbox"/> NO <input 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)<br><u>1998</u>                      |  |
| 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?  |  |

22. I hereby certify that I attended the deceased from 6-24, 1955, to 6-26, 1955, that I last saw the deceased alive on 6-26, 1955, and that death occurred at 5:20 a. m., from the causes and on the date stated above.

|  |  |                               |  |  |  |
|--|--|-------------------------------|--|--|--|
| 23a. SIGNATURE<br><u>Robert E. New</u>                                   |  | (Deputy or title)             |  | 23b. ADDRESS<br><u>M. 2601 S. Brentwood, Clayton, MO</u>       |  |
| 23c. DATE SIGNED   |  |                               |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>               |  | 24b. DATE<br><u>6-29-1955</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>SUNSET BURIAL PK.</u> |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>ST. LOUIS CO. MO</u> |  |                               |  |  |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG.<br><u>6/27/55</u> |  | REGISTRAR'S SIGNATURE<br><u>Herbert R. Dombke, M.D.</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>KRIEGSHAUSER</u> |  |
|  |  |   |  | ADDRESS<br><u>4228 S. KINGSBARKWAY</u>                  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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..

*Richard W. Stovesan*

Licensed Embalmer No. 400

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.