

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35062

State File No.

318

1003

9351

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY OR TOWN <u>Wesco</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Frisco Employees Assn.</u>		STREET ADDRESS (If rural, give location) <u>General Delivery #201</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JASPER</u>		b. (Middle) <u>WARREN</u>		c. (Last) <u>PERKINS</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>10 25 55</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7-16-1898</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>57</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Station Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Steeleville, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John W. Perkins</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Snoddy</u>			
14. NAME OF HUSBAND OR WIFE <u>Ferne Perkins</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-19-3575</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>L.J. Perkins</u>		ADDRESS <u>Steeleville, Missouri</u>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u> 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. <u>Diabetes Mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>10 yrs</u>	
19a. DATE OF OPERATION <u>10-25-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>				20. AUTOPSY? 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>10-24</u> , 1955, to <u>10-25</u> , 1955, that I last saw the deceased alive on <u>10-25</u> , 1955, and that death occurred at <u>11:55 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. Engleman, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Frisco Hosp. St. Louis</u>		23c. DATE SIGNED <u>10/25/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-26-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Steeleville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 26 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		ADDRESS <u>4700 Washington Blvd.</u>	

mjs

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

APR 4 1950

956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *G. W. Wilkinso*.....

Licensed Embalmer No.....

P. O. Address *P. La*.....

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