

FILED FEB 6 1957
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER: **3002**
REGISTRAR'S NO. **79**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LEMAY 48510
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ALEXIAN BROS. HOSPITAL		Length of stay in 1b 5 DAYS	d. STREET ADDRESS (If outside, give location) 2786 SEDAN DRIVE
3. NAME OF DECEASED (Type or print) First GEORGE Middle R. Last PERRY		4. DATE OF DEATH Month JANUARY Day 4 Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 16, 1872
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 7 Days 1 Hours 1 Min. 0	IF UNDER 24 HRS. Hours 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED.		10b. KIND OF BUSINESS OR INDUSTRY SHIP CARPENTER	11. BIRTHPLACE (City and state or country) MT. VERNON, ILLINOIS
13. FATHER'S NAME (UNK.) PERRY		14. MOTHER'S MAIDEN NAME MARY (UNK.)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NONE		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT ESTHER HOFFMAN		Address 2768 SEDAN DRVIE, LEMAY, MO.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure and Shock		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Right Inguinal Herniorrhaphy	12 hrs.
	DUE TO (c) Strangulated Right Inguinal Hernia	5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Senility		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month p. m. Day Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION LEMAY, MISSOURI
21. I attended the deceased from 12/30/56 to 1/8/57 and last saw her/him alive on 1/3/57 Death occurred at 4:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS 7430 Virginia Avenue	22c. DATE SIGNED 1/4/57
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JAN. 5, 1957	23c. NAME OF CEMETERY OR CREMATORY ST. TRINITY CEMETERY
23d. LOCATION (City, town, or county) LEMAY, MISSOURI		(State)

24. FUNERAL DIRECTOR C. HOFF, ESTER MORTUARIES 7814 SO. BROADWAY, ST. LOUIS, MO.	25. DATE RECD. BY LOCAL REG. JAN 4 1957	26. REGISTRAR'S SIGNATURE [Signature] mjb
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. Do not use symptoms or descriptive terms for diseases in Part I unless they are directly related to the death due to natural causes. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Bill C. Brannan*

Licensed Embalmer No. *47*

P. O. Address *St. Louis*

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.