

STANDARD CERTIFICATE OF DEATH

42448

STATE FILE NUMBER  
11314

FILED DEC 2 - 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Res. 5305 Delmar		d. STREET ADDRESS (If outside, give location) 5305 Delmar	
3. NAME OF DECEASED (Type or print) First Middle Last James Madison Perry		4. DATE OF DEATH Month Day Year Nov. 23, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 26, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired RR Eng Mo Pac RR		10b. KIND OF BUSINESS OR INDUSTRY RR	11. BIRTHPLACE (City and state or country) Marion, Ill
13a. FATHER'S NAME Ehud Perry		13b. MOTHER'S MAIDEN NAME Lola Benjamin Perry	14. NAME OF HUSBAND OR WIFE Lola Benjamin Perry
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Bess Heath 5305 Delmar
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>coronary thrombosis</i> CONDITIONS, if any, DUE TO (b) <i>hypertensive heart disease</i> which gave rise to (a) <i>hypertensive heart disease</i> the underlying cause last. DUE TO (c) <i>hypertensive heart disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420.1</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		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 COUNTY STATE	
21. I attended the deceased from <i>11-23-57</i> to <i>only one visit</i> and last saw him alive on <i>11-23-57 9:30 am</i> Death occurred at <i>about 9:45 pm</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. F. Winstone, M.D.</i> (Degree or title)		22b. ADDRESS <i>2743 Franklin</i>	22c. DATE SIGNED <i>11-25-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 26, 1957	23c. NAME OF CEMETERY OR CREMATORY Old Rose Hill Cemetery	23d. LOCATION (City, town, or county) (State) Marion, Ill.
24. FUNERAL DIRECTOR <i>Alexander Sons 6125 Delmar</i>		25. DATE RECD. BY LOCAL REG. NOV 25 57	26. REGISTRAR'S SIGNATURE <i>Paul Smith MD</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. J. Wilson  
2743 Franklin  
Jel-1906

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 *Geo. E. McCulloch* .....

Licensed Embalmer No. *2960* .....

P. O. Address *617 50th St. Detroit* .....

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.