

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007655

STATE FILE NUMBER

FILED FEB 28 1958

318

1003

1629

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1629

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <u>Illinois</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Avonville, Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb <u>BARNES HOSPITAL</u>				d. STREET ADDRESS (If outside, give location) <u>32</u>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>RALPH NMN PERRY</u>				4. DATE OF DEATH Month Day Year <u>February 8, 1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 20, 1906</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bull Dozer Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (City and state or country) <u>Carbondale, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Edward Perry</u>				14. MOTHER'S MAIDEN NAME <u>Anna Holder</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>356-05-1558</u>		17. INFORMANT Address <u>Irene Perry (wife) Avonville, Ill.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Malignant Hypertension</u>	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>445*</u>					
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 <u>2-3-58</u> to <u>2-8-58</u> and last saw <u>her</u> alive on <u>2-8-58</u> Death occurred at <u>1:30 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) <u>Stanley W. Wald</u>				22b. ADDRESS <u>M. D. BARNES HOSPITAL</u>		22c. DATE SIGNED <u>2/9/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>2-10-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Murphysboro, Ill.</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS <u>Crawshaw F. Home Murphysboro, Ill.</u>				25. DATE RECD. BY LOCAL REG. <u>FEB 11 '58</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith, Mo</u> <u>m 873</u>	

Health, Welfare and Public Service  
300  
1-56  
Secretary, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION  
3-15-58  
by ap

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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..... *Homer H. Jones*

Licensed Embalmer No..... *3*

P. O. Address..... *St. L.*

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.