

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE  
STANDARD CERTIFICATE OF DEATH

19584-58 58-011917

FILED MAR 19 1958

318

1003

STATE FILE NUMBER

2278

Registration District No. Primary Registration District No. Registrar's No.

|  |                               |  |   |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <i>St Louis</i>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Mo</i> b. COUNTY  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>St Louis</i> Yes <input type="checkbox"/> No <input type="checkbox"/>   |                               | c. CITY OR TOWN <i>St Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Johns Hosp.</i> Length of stay in lb   |                               | 29 <sup>th</sup> STREET ADDRESS <i>6618 Vermont</i> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| 3. NAME OF DECEASED (Type or print) First <i>Perry Marie</i> Middle Last <i>Lee</i>  |                               | 4. DATE OF DEATH Month <i>Feb.</i> Day <i>23</i> Year <i>1958</i>  |   |
| 5. SEX <i>Female</i>   | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>           | 8. DATE OF BIRTH <i>Feb. 21 1958</i>                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>  |                               | 11. BIRTHPLACE (City and state or country) <i>St Louis Mo</i>  | 12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>                              |
| 13. FATHER'S NAME <i>Robert Lee</i>  |                               | 14. MOTHER'S MAIDEN NAME <i>Coral Gonzales</i>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service)  |                               | 16. SOCIAL SECURITY NO.  |   |
|  |                               | 17. INFORMANT <i>Robert Lee</i> Address <i>6618 Vermont</i>  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>ruptured placenta - pernatality</i><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>761.5</i><br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) |                               |  | INTERVAL BETWEEN ONSET AND DEATH                                      |
| 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 <i>12:30 P.</i> Month <i>2</i> Day <i>23</i> Year <i>58</i>   |                               |  |   |
| 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>2-21-58</i> , to <i>2-23-58</i> and last saw her him alive on <i>2-23-58</i><br>Death occurred at <i>12:30 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                               |  |   |
| 22a. SIGNATURE (Degree or title) <i>George Anstey M.D.</i>   |                               | 22b. ADDRESS <i>4660 Maryland</i>  |   |
|  |                               | 22c. DATE SIGNED <i>2-25-58</i>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>  | 23b. DATE <i>2/25/58</i>      | 23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olive</i>  | 23d. LOCATION (City, town, or county) (State) <i>St Louis Co. MO.</i> |
| 24. FUNERAL DIRECTOR <i>DR. P. FENDLER JR. 7125 MICHIGAN</i> ADDRESS   |                               | 25. DATE RECD. BY LOCAL REG. <i>FEB 25 58</i>  | 26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>                        |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Clarence Johnson

Licensed Embalmer No. 30

P. O. Address 7158 Mex

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.