

Health, Welfare, Public Service

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-570

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-162295
STATE FILE NUMBER
4593

FILED MAY 14 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4593

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 3900 Sullivan	
3. NAME OF DECEASED (Type or print) William Perkins			4. DATE OF DEATH Month 4 Day 26 Year 58		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 20, 1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Utility Man		10b. KIND OF BUSINESS OR INDUSTRY Golf Normandy Club		11. BIRTHPLACE (City and state or country) Troy, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Henry Perkins		13b. MOTHER'S MAIDEN NAME Delia Purnell	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO. 490-18-9214	
17. INFORMANT Mrs. Dorothy Thompson		Address 5108a Greer			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastrointestinal hemorrhage DUE TO (b) Residual ulcer Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 541.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coughs of fever, esophageal varices					INTERVAL BETWEEN ONSET AND DEATH undet.
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.)				20c. TIME OF INJURY Hour 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 4-25-58 11:05A to 4-26-58 11:55P last saw him alive on 4-26-58 Death occurred at 11:55 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE A. A. Enash (Degree or title) M.D.			22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 4-28-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 1, 1958		23c. NAME OF CEMETERY OR CREMATORY Local Cemetery	
23d. LOCATION (City, town, or county) Troy		23e. STATE Missouri			
24. FUNERAL DIRECTOR G. Wade Granberry ADDRESS 4202 Finney Ave.			25. DATE RECD. BY LOCAL REG. APR 28 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith MD <i>mjb.</i>

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

Student
Signature of Student Embalmer

Signed *Edward A. Flynn*

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.

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.