

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046154
STATE FILE NUMBER
12017

FILED DEC 22 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN South Roxana		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
04 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b	32 d. STREET ADDRESS (If outside, give location) 400 Melrose		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HELEN RUTH PERRY			4. DATE OF DEATH Month Day Year DECEMBER 11, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 24, 1931		9. AGE (In years last birthday) 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Assessors Office	11. BIRTHPLACE (City and state or country) Hartford, Illinois.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William C. Hanfelder		13b. MOTHER'S MAIDEN NAME Josephine Gascho		14. NAME OF HUSBAND OR WIFE Robert Perry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Robert Perry, South Roxana, Illinois.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MITRAL AND TRICUSPID INSUFFICIENCY Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) RHEUMATIC HEART DISEASE (INACTIVE) 410X DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH YEARS
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 DEC. 1, 1958 to DEC. 11, 1958 and last saw her alive on DEC. 11, 1958 Death occurred at 3:31 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) C. O. Vermillion, M.D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 12/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-11-58	23c. NAME OF CEMETERY OR CREMATORY Lakeview Cemetery		23d. LOCATION (City, town, or county) (State) Belleville, Illinois.
24. FUNERAL DIRECTOR Marks Funeral Home, Woodriver, Ill.			25. DATE RECD. BY LOCAL REG. DEC 13 58		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. H-T.

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 *No Embalmer*
Edna A. Baxter
Licensed Embalmer No.

P. O. Address

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.