

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023277

STATE FILE NUMBER  
Registration No. 5496

FILED JUN 24 1959

Registration District No.

Primary Registration District No.

Registration No.

5496

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI 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		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2411 N. SARAH			Length of stay in [b]	d. STREET ADDRESS (If outside, give location) 2411 N. SARAH			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last PERRY PERRY				4. DATE OF DEATH Month Day Year 6-7-1959			
5. SEX FEMALE	6. COLOR OR RACE colored	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3-28-1893		9. AGE (In years last birthday) 66 YRS	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAID		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) HUMBOLT, TENN'		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME OSCAR FLY			13b. MOTHER'S MAIDEN NAME LENA WILLIAMS		14. NAME OF HUSBAND OR WIFE EUGENE PERRY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Address SOMONIA CASIMERE 4330 COOK			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute left ventricular failure						INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hypertensive Heart Disease		DUE TO (c) 443x		3 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 3-5-59 to 6-7-59 and last saw her alive on 6-2-59 Death occurred at 2:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Edward B. Williams M.D.			22b. ADDRESS 2801 N. Taylor St. Louis		22c. DATE SIGNED 6-8-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) 6-12-59		23b. DATE 6-12-59		23c. NAME OF CEMETERY OR CREMATORY GREENWOOD Cem.		23d. LOCATION (City, town, or county) ST. LOUIS CITY MO (State)	
24. FUNERAL DIRECTOR ADDRESS A.F. WALTON 2702 Stoddard St			25. DATE RECD. BY LOCAL REG. JUN 9 '59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

mgls

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 *H. Claude Gordon* .....

Licensed Embalmer No. *3489* .....

P. O. Address *1123 N. Jay* .....

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.