SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1961

-61-023027

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4512

FILED JUL 13 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis

Length of stay in 1b

c. CITY OR TOWN St Louis

Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis City Hosp

Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 8 N Spring

Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Willard Middle Last Perry

4. DATE OF DEATH Month May Day 9 Year 1961

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 12 July 1917

9. AGE (last birthday) 43

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (City and state or country) Darnell Ark.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Ned Perry

13b. MOTHER'S MAIDEN NAME Jennie Ingram

14. NAME OF HUSBAND OR WIFE xxx

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. —

17. INFORMANT Inez Hardin Address Centerville Sta Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive Failure — INTERVAL BETWEEN ONSET AND DEATH 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 434.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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. 1958, to MAY 9-61 and last saw him alive on MAY 9-1961

Death occurred at 10145 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D.

22b. ADDRESS 822 N. Jefferson

22c. DATE SIGNED 6-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 16 May 1961

23c. NAME OF CEMETERY OR CREMATORY Father Dickerson

23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR Reliable Funeral Sys. ADDRESS 1389 N. Union

25. DATE RECD. BY LOCAL REG. 5-13-1961

26. REGISTRAR'S SIGNATURE Earl Smith M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Revised: Heart failure

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence Graem

Signature of Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1389 Ume

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.