MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED AUG 11 1961

-61-027820
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2148

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester — Length of stay in 1b: 5 Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nurs Home — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St. Louis
c. CITY OR TOWN Des Peres — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1006 N BallasRd — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: ALFRED Middle: D Last: PERSELS
4. DATE OF DEATH Month, Day, Year: July 30 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/29/1872
9. AGE (last birthday): 89 — IF UNDER 1 YEAR: Months 5 Days 1 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: Butcher
11. BIRTHPLACE (City and state or country): Farina, Ills.
12. CITIZEN OF WHAT COUNTRY: US
13a. FATHER'S NAME: A H Persels
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Ida Persels (Dec)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Ralph Persels, Address: 1006 N Ballas Rd Des Peres

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) CARDIO-VASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) SENILITY
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): NONE
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 MAY 15, 1961 to ____ and last saw him alive on JULY 30, 1961
Death occurred at 830 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B.R. Loring, M.D.
22b. ADDRESS BALLWIN, Mo.
22c. DATE SIGNED 7-31-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-2-61
23c. NAME OF CEMETERY OR CREMATORY St. Paul's Luth Cem
23d. LOCATION (City, town, or county) Des Peres (State) Mo
24. FUNERAL DIRECTOR Louis H Bopp - Inc ADDRESS Kirkwood Mo
25. DATE RECD. BY LOCAL REG. 8-1-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. 4512

P. O. Address Kirkwood, Mo

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.