

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-034789

STATE FILE NUMBER

AMENDED

Registration District No. 318, Primary Registration District No. 1003, Registrar's No. 8658

1. PLACE OF DEATH
 a. COUNTY St Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) St Louis
 Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY St Louis
 c. CITY OR TOWN St Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4156 Aldene Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Everett Middle Perkins Last Perkins
 4. DATE OF DEATH Month Sept Day 14 Year 1961
 5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 80021943 9. AGE (last birthday) 47
 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 Murphys Cross 11. BIRTHPLACE (City and state or country) TENN 12. CITIZEN OF WHAT COUNTRY US
 13a. FATHER'S NAME Andrew Perkins 13b. MOTHER'S MAIDEN NAME Josephine Hunter 14. NAME OF HUSBAND OR WIFE EST. Mrs. Marie Smith 1401 W Walnut St
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service] yes World War II 16. SOCIAL SECURITY NO. 983x 17. INFORMANT Marie Smith Address 1401 W Walnut St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Massive intra-cranial hemorrhage
 (b) suffered when struck with bat in hands of one Thomas Adams, after deceased had cut and struck Adams with bat in altercation in home at 4156 Aldene, about 4:45 PM on Sept 13, 1961. Justifiable Homicide.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not refer to the terminal disease condition given in PART I) (a) 983x
 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.) see above
 20c. TIME OF INJURY Hour 4:45 a.m. 9-15-61 p.m.
 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.) Home
 20f. CITY, TOWN, OR LOCATION St Louis, Mo. COUNTY STATE

21. I attended the deceased from 12:30 to 2 and last saw her/him alive on 9-15-61.
 Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
 22a. SIGNATURE (Degree or title) Joseph M. Zuercher Deputy Registrar 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 9-15-61
 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 21 SEPT 1961 23c. NAME OF CEMETERY OR CREMATORY JEFFERSON O.K.S. 23d. LOCATION (City, town, or county) (State) ST LOUIS MO

24. FUNERAL DIRECTOR RELIABLE FUNERAL Svc ADDRESS 1389 N UNION 25. DATE RECD. BY LOCAL REG. SEP 18 1961 26. REGISTRAR'S SIGNATURE Marie Smith M.D.

DATE AMENDED
 19
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

NOV 16 1961

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

Clarence Croams

Licensed Embalmer No. *4755*

P. O. Address *1389 Union*

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.