

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042777

FILED DEC 12 1961

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11092

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3629 Arkansas		d. STREET ADDRESS (If outside, give location) 3629 Arkansas	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First Thomas	Middle J.	Last Perryman	4. DATE OF DEATH	Month Nov.	Day 27,	Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/18/84	9. AGE (last birthday) 77	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months		Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) employee	10b. KIND OF BUSINESS OR INDUSTRY Atlas Towel & Linen	11. BIRTHPLACE (City and state or country) Ky.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Thomas J. Perryman	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Henrietta
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	17. INFORMANT Address Eldridge Falls - 3629a Arkansas
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized Arterio Sclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) <i>Hypertension</i>	unknown
DUE TO (c) <i>Arterio Sclerotic Heart Disease</i>	1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 420.0	PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <i>May 10 1961</i> to <i>Nov. 27 1961</i> and last saw <sup>her</sup> him alive on <i>November 2 1961</i> Death occurred at <i>9:10 P</i> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Nicholas A. Young M.D.</i>	22b. ADDRESS <i>4307 S Grand Blvd</i>	22c. DATE SIGNED <i>Nov. 28 1961</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 30, 1961	23c. NAME OF CEMETERY OR CREMATORY St. Matthew Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR ADDRESS WACKER-HELDERLE-3634 Gravois Ave.	25. DATE RECD. BY LOCAL REG. NOV 29 1961	26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>
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FILED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 M. Bullis

Licensed Embalmer No. 4375

P.O. Address St. Louis 23, 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.