

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008577

318

1003

1604

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 16 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis   |   | Length of stay in 1b  | c. CITY OR TOWN St. Louis   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Homer G. Phillips   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br>5920 Cote Brilliante   |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last Verlean Perry   |   | 4. DATE OF DEATH<br>Month Day Year 2 4 62   |   |
| 5. SEX Female  | 6. COLOR OR RACE Negro  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10 Mar 1945  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Student   |   | 10b. KIND OF BUSINESS OR INDUSTRY None own  | 9. AGE (last birthday) 16   |
| 11a. BIRTHPLACE (City and state or country)<br>Grady, Arkansas   |   | 12. CITIZEN OF WHAT COUNTRY U.S.A.  |   |
| 13a. FATHER'S NAME Rev. Virgil Perry Sr.   |   | 13b. MOTHER'S MAIDEN NAME Rosie Watson  |   |
| 14. NAME OF HUSBAND OR WIFE None   |   | 17. INFORMANT Address<br>Rosie Perry 5960 Cote Brilliante   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give No or dates of service)  |   | 16. SOCIAL SECURITY NO. None  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Cerebral Edema<br>DUE TO (b) Pre-Eclampsia<br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br>Undet.<br>Undet.  |
| 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.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m.   | Month, Day, Year  |   |   |
| 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  |
| 21. I attended the deceased from 1-30-62 to 2-4-62 and last saw her alive on 2-4-62  |   | Death occurred at 5:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |
| 22a. SIGNATURE (Degree or title)<br>George W. J. Quach M.D.  |   | 22b. ADDRESS<br>2601 N. Whittier Street   | 22c. DATE SIGNED<br>2-6-62  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  | 23b. DATE<br>10 Feb. 1962   | 23c. NAME OF CEMETERY OR CREMATORY<br>Greenwood Cemetery  | 23d. LOCATION (City, town, or county) (State)<br>St. Louis County Mo.   |
| 24. FUNERAL DIRECTOR<br>J. J. [unclear]  | ADDRESS<br>1221 North Grand Blvd.   | 25. DATE RECD. BY LOCAL REG.<br>FEB 7 1962  | 26. REGISTRAR'S SIGNATURE<br>Loal Smith, M.D.   |

**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 Oliver A. Cramble, Student Embalmer No. 6002

working under my personal supervision.

Student Oliver A. Cramble  
Signature of Student Embalmer

Signed William Blackman

Licensed Embalmer No. 3962

P. O. Address 221 N. Grand Ave

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.