

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

40766

File No. 11406
Registered No.

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1008
City St. Louis (No. 1150, Salisbury St. Ward)

2. FULL NAME

Robert J Perry Jr
(a) Residence. No. 1150 Salisbury St. B.O. Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10, 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>29</u>	<u>✓</u>	<u>✓</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work No occupation
(b) General nature of industry, business, or establishment in which employed (or employer) Invalid
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Robert J Perry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Wales
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret J Daves

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Wales
(STATE OR COUNTRY)

14. INFORMANT Robert J Perry
(Address) 1150 Salisbury St

15. 10-515 FILED 19 Miss C. Staley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1930 to Dec 3, 1930 that I last saw him alive on Dec 3, 1930, and that death occurred, on the date stated above, at 3:15 P. m.

7 THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A Broncho pneumonia
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) measles
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. Niebrueyer M.D. M. D.

11/5, 1930 (Address) 3621 N 20th St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Medien Cemetery Dec. 6, 1930

20. UNDERTAKER ADDRESS

Drehmann & Sonal 1905 Union

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE HEALTH DEPARTMENT WITH CHANGING INK—THIS IS A PERMANENT RECORD

3621 N 20th

8-10

OK
8/10