

DEC 28 1937

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

42382
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 786
(b) Township Jefferson Primary Registration District No. 4469
(c) City Maplewood (d) Street No. 7443 Elm St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Laura H. Perea
(a) Residence, No. 7443 Elm Ave St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 - 2 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bunker Hill Illinois

13. NAME John F. Cash

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta Georgia

15. MAIDEN NAME Agnes Noel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Penna

17. INFORMANT (ADDRESS) Savoy W. Perea 7443 Elm Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Sunset Burial Park 11/22/37

19. FUNERAL DIRECTOR (ADDRESS) Croghan and Co. Inc. 7146 Manchester Ave

20. FILED Dec 10 1937 Tarline C. Dierckman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/19 1937

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1937, to November 19, 1937
I last saw her alive on November 19, 1937 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:
acute myocarditis Date of onset 1 day

Other contributory causes of importance:
Cerebral Hemorrhage Oct. 31
thrombosis Nov 19

What test confirmed diagnosis? Glixical Date of Nov 19
Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Chester A. Porel, M.D.
(Signed) 1506 Washington (Address)

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.

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I-212004

STATEMENT BY LICENSED EMBALMER

I, M. J. Coghlan, Licensed Embalmer No. 2622
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed M. J. Coghlan
Licensed Embalmer No. 2622

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.)