

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

23632
Do not use this space.

1. PLACE OF DEATH **REC'D AUG 12 1938**

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **1300 S. 7th St.** 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. 8 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **William Oliver Perry**

(a) Residence, No. **1300 S. 7th St.** St. **23** (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Divorced**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 3, 1850**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	88		9	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Miner**

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) **1925**

11. Total time (years) spent in this occupation **10 yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Reynolds County, Mo.**

FATHER 13. NAME **Jessie Perry**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

MOTHER 15. MAIDEN NAME **Dacey Wilson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Jessie Perry**
 (ADDRESS) **Tracee Kansas**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Elvins, Mo.** DATE **7-14** 19**38**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe, Inc.**
 (ADDRESS) **429 N. Euclid Ave.**

20. FILED **JUL 15 1938**
J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-12** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **July 8th.** 19**38**, to **July 12th.** 19**38**

I last saw him alive on **July 12th.** 19**38**. Death is said to have occurred on the date stated above, at **8:10 P.M.**

The principal cause of death and related causes of importance were as follows:

Apoplexy (cerebral hemorrhage)

Date of onset **July 12th.**

Other contributory causes of importance:
Cholecystitis, unknown as to source

Name of operation **None** Date of.....
 What test confirmed diagnosis? **All usual** Was there an autopsy? **No.**

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.....
 (Signed) **W. M. D.**
 (Address) **2278 S. Jefferson**

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 OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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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

Registered Apprentice No....., working under my personal supervision.

Signed.....

J. J. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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 this body is not embalmed, above space should be left blank.