

REC'D OCT 12 1938

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

30391
Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No. **791**
(b) Township..... / Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **Barnes Hospital** 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.

Registered No. **7828**

2. PRINT FULL NAME **Samuel P. Perou** *657*

(a) Residence, No. **5128 Kensington Ave.** St. **12**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Margaret Perou**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 20, 1870**
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 6 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Costodian**
9. Industry or business in which work was done, as saw mill, bank, etc. **Hodgen School**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 2, 1938**

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **12:40 a.m.**
The principal cause of death and related causes of importance were as follows:

OCCUPATION
FATHER
MOTHER
12. BIRTHPLACE (CITY OR TOWN) **Florissant,** (STATE OR COUNTRY) **Missouri**
13. NAME **Henry Perou**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**
15. MAIDEN NAME **Charlotte Severs**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**
17. INFORMANT **Mr. Thomas H. Perou,** (ADDRESS) **1312 Milford Ave.**
18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters Cem.** DATE **Sept. 6, 1938**
19. FUNERAL DIRECTOR (NAME) **Geo. L. Pleitsch Inc.** (ADDRESS) **5966-68 Easton Ave.**
20. FILED **SEP - 4 1938** **J. D. Briedich** Local Registrar

Internal hemorrhage from laceration of rectum. Fractures ribs. Caused by falling from window at Hodgen School 2627 Eads Ave. 3:40 pm
Date of onset

Other contributory causes of importance: **August 30th 1938** **1860**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **8/30, 1938**
Where did injury occur? **St. Louis, Mo**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Public place**
Manner of injury **See above**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **4**
If so, specify **Alfred J. Perry's**
(Signed) **Deputy Coroner**
(Address).....

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.

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, 3454

David C. Gibson, or by _____

Registered Apprentice No. _____, working under my personal supervision

Signed David C. Gibson

Licensed Embalmer No. 3454

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.