

R 18 1939

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

16122

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis | Registration District No. 784  
(b) Township Pine Lawn | Primary Registration District No. 200 Registered No. 695  
(c) City Pine Lawn | (d) Street No. 3718 Jennings Road. Ternous Hlp St.  
(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

William Perry  
(a) Residence, No. 10 Alma Dr., Riverview Gardens 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>CATHERINE PERRY</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 17 - 1865</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>2</u>
	DAYS <u>30</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>STEAM FITTER</u>	11. Total time (years) spent in this occupation <u>54</u>
	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) <u>1934</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>BOSTON MASS.</u>		
FATHER	13. NAME <u>WILLIAM PERRY</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>CANADA</u>	
MOTHER	15. MAIDEN NAME <u>UNKNOWN</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" "</u>	
17. INFORMANT (ADDRESS) <u>RAYMOND PERRY RIVERVIEW GARDENS</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CALVARY</u> DATE <u>4-19-39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>CULLEN &amp; KELLY 1424 N. JAYNE AVE.</u>		
20. FILED <u>APR 18 1939</u> <u>Wm. M. O'Connell</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16/39 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/13/29 1939 to 4/16/39 1939  
I last saw him alive on 4/16/39 1939. Death is said to have occurred on the date stated above, at 6:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chr. Cholangitis. 4/13/29 Date of onset  
Chr. Cholecystitis. "  
Chr. Arteriosclerosis. "  
Chr. Myocarditis. "  
Fracture of right hip.-old. 1930

Other contributory causes of importance: Arteritis obliteranda of both feet.  
4 Toes amputated, rt foot.-10 yrs ago.  
4 Toes amputated, lt foot.-8 yrs ago.  
continued on reverse side 4/12/39

Name of operation History Date of No.

What test confirmed diagnosis? Clinical and lab. 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 1939  
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) Wm. M. O'Connell, M. D.  
(Address) 3718 Jennings Road.

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.

continued from reverse side

Senile dementia.  
Myocardial collapse.

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STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by Mark L. Turner, Registered Apprentice No. 174A

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3732

**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.)**