

1939 JUL 12 1939

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

20477
Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No.....
(b) Township..... / Primary Registration District No.....
(c) City St. Louis (d) Street No. Homer Phillips 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 37 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

791
1008

Registered No. 5321

2. PRINT FULL NAME

1625 Charlie Perkins
(a) Residence, No. 1331 N 10th St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>C</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4, 1882</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>1</u>	DAYS <u>4</u>
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>nil</u>		11. Total time (years) spent in this occupation.....
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).....		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1939 19
22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1938 19..... to June 8, 1939 19.....
I last saw him alive on June 8, 1939 19..... Death is said to have occurred on the date stated above, at 6:35 p.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Hypertrophic arthritis, non tubercular.

Date of onset
9/5/38

Other contributory causes of importance:

57a

Name of operation..... Date of.....
What test confirmed diagnosis? clinical 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?
If so, specify.....
(Signed) N. G. Lyman, M. D.
(Address) 2601 N Whittier

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	13. NAME <u>Dee Perkins</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	15. MAIDEN NAME <u>Lucy Watkins</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	17. INFORMANT (ADDRESS) <u>Evelyn Hilliard</u> <u>2601 N Whittier</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington park</u> DATE <u>6/15/39</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>John Riley</u> <u>3765 Hannum ave</u>	
20. FILED <u>J. P. Prater</u> Local Registrar	

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WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM 9-1-33 I X1693

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 Raymond E. Gerke, Registered Apprentice No. _____ working under my personal supervision.

Signed Raymond E. Gerke
Licensed Embalmer No. 3985
City St. Louis P. O. Address Mo
#99

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.