

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23966  
 Registrar's No. 6239

Registration District No. 791  
1002

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Saint Louis  
 (b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 month 10 days  
(Specify whether  
 In this community about 2 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1213a Jones Street  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Charlie Perry 100

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 491-16-4798

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unavailable

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Feb. 1 1908  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
31 5 11 hr. \_\_\_\_\_ min.

9. Birthplace Brownsville, Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Odd jobs

MOTHER FATHER  
 { 12. Name Anderson Perry  
 { 13. Birthplace Middleton Tennessee  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Callie Dickey  
 { 15. Birthplace Unavailable-North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frankie Perry  
 (b) Address 1213a Jones Street

17. (a) Burial (b) Date thereof 7/15/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Walter Hales  
 (b) Address 4107 Finney Avenue

19. (a) JUL 14 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12,  
 year 1939 hour 11 minute 25 A. M.

21. I hereby certify that I attended the deceased from May 22, 1939  
 \_\_\_\_\_, 19\_\_\_\_ to July 12, 1939

that I last saw h. er alive on July 12, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculous peritonitis Duration 2 mo.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Urethral stricture with vesical fistula; perineal sinus unknown  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury i

23. Signature H. G. Phillips (M. D. or Licensee)  
 Address Homer G. Phillips Hosp Date signed 7/12 1939

**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.....

**James A. Johnson**

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*James A. Johnson*

..... Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

**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.**