

JAN 12 1940

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH: **1003**
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Hospital, #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 Days**
3 Yrs. (Specify whether
in this community
years, months or days)

3. (a) PRINT FULL NAME **George Perry 600**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Florence Perry** 6. (c) Age of husband or wife if alive **39** years
7. Birth date of deceased **March 25, 1887**
(Month) (Day) (Year)

8. AGE: Years **52** Months **8** Days **19**
If less than one day _____ hr. _____ min.

9. Birthplace **Roodhouse, Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

MOTHER FATHER
12. Name **Unknown** **9**
18. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Florence Perry**
(b) Address **219 N. 19th**

17. (a) **Burial** (b) Date thereof **Dec. 16, 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Hill Cem.**

18. (a) Signature of funeral director **Jay B. Smith**
(b) Address **7456 Manchester**

19. (a) **16 1939** (b) *J. B. Smith*
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **21**
(If outside city or town limits, write "RURAL")
(d) Street No. **219 N. 19th**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **14,**
year **1939** hour **9:05** minute **P.** M.

21. I hereby certify that I attended the deceased from **December**
4, 19**39**, to **December 14, 39**
that I last saw him alive on **December 14, 1939**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration _____
Due to **Hypertensive Heart**
Due to **Disease with Decompensation**
Other conditions (Include pregnancy within 6 months of death) _____

Major findings: **HO**
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **G. J. Smith** (M.D. or other) **12/15/39**
Address **1518 Lafayette** Date signed

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..... *H. A. Burgess*
Licensed Embalmer No. *4029*
P. O. Address *Maplewood*

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.