No. 2
4-13-40
5-17-39
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FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27037

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6933

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

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. 1418 N 21st
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Earl Perry
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 8 1940
8/8/1940 (Month) 15 (Day) 1940 (Year)
8. AGE: Years Months Days 7 If less than one day hr. min.
9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Arthur Perry
13. Birthplace Hutedge Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Cecile Brock
15. Birthplace Hedge Tenn.
(City, town, or county) (State or foreign country)
16. (a) Informant Arthur Perry
(b) Address 1418 N 21st
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem
18. (a) Signature of funeral director English Mid Co.
(b) Address 2927 Bacon St
19. (a) AUG 16 1940 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
year 1940 hour 9:40 minute ~~4:20 P.M.~~
21. I hereby certify that I attended the deceased from 8-7-40, 19..., to 8-15, 19 40
that I last saw him alive on 8-15-40 P.M. 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Interval between onset and death
Acute Nephritis	1 d
Due to Cause Congenital	
Due to	
Other conditions Prob. Ptosis of Kidney (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Acute Nephritis
Ptosis of Kidney & Lobulations

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Tournard G. Lowe (M. D. or other)
Address St Mary's Infirmary Date signed 8/16/40

(Licensed Embalmer's Statement on Reverse Side)

Not embalmed cf

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.