

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4223**

Registration District No. **784** Primary Registration District No. **113** Registrar's No. **112**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Florissant Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
503 - St. Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County St. Louis
(c) City or town Florissant **10**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. 503 - St. Joseph **0**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULLNAME LELA BELL PERKINS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 16
year 1941 hour 6 minute 30 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 23 1913
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 1940
Jan. 1941 at intervals, 1941, to _____, 1941;
that I last saw her alive on Wednesday Jan - 15th, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 27 Months 5 Days 23 If less than one day _____ hr. _____ min.
9. Birthplace Shawneetown Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Nil - Invalid

Immediate cause of death Tuberculosis of the respiratory system
Due to _____
Due to 1-3-41
Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER
11. Industry or business _____
12. Name Ralph Perkins
13. Birthplace Uniontown Ky. (City, town, or county) (State or foreign country)
14. Maiden name Miserwa Crouse
15. Birthplace Unknown Ill. (City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Ralph Perkins
(b) Address 503 - St. Joseph
17. (a) Burial (b) Date thereof 1/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lee Eu Cem.
18. (a) Signature of funeral director Baumann Bros Inc.
(b) Address 2504 Woodson Rd. Overland Mo.
19. (a) JAN 18 1941 (b) L.R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature Foren M Bailey (M. D. or other) S.P.
Address 4713 Natural Bridge Date signed 1/16/41

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

96
10
0

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 *Oscar L. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland Mo.*

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, fact should be so stated above.