

FILED MAR 25 1941

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)
In this community 32 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL") 1117
(d) Street No. 4449 West Belle
(If rural, give location) 9
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Charles Perry

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-16,992

4. Sex male 5. Color or race Cold 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 Not Known
(Month) (Day) (Year)

8. AGE: Years abt. 72 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER { 12. Name Nathaniel Perry
13. Birthplace Ind
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Perry
(b) Address Indianapolis, Ind
17. (a) Removal (b) Date thereof 1-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation mauloon, Ind.

18. (a) Signature of funeral director J. St. Harrison
(b) Address 7906
19. (a) 8 1941 (b) J. W. Woodcock
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 19 day
year 1941 hour 6:15 minute _____ M.

21. I hereby certify that I attended the deceased from January 17, 1941, to January 19, 1941, that I last saw him alive on January 19, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Probab. 5 yrs
Hyp. Heart Disease c Decompensation 4 wks

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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 0

23. Signature J. W. Johnson (M. D. or other) _____
Address 2601 N Whittier Date signed _____

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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 Jess Harrison
Licensed Embalmer No. 760
P. O. Address 2906 Lawton

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.