

No. 2
-1-4-41
-17-30
X2130

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25438

State File No. _____

FILED AUG 11 1941

Registration District No. 470

Primary Registration District No. 5633

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon T. W. A.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 384 days
(Specify whether years, months or days)

In this community 384 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 094

(c) City or town Bonne Terre 2
(If outside city or town limits, write "RURAL") 1

(d) Street No. 207 Louise
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME Alphonse Sylvan Perrier

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 190-03-6841

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 3 day 1941
year _____ hour 6:55 minute A M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Dolores O Perrier

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased October 28 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15 1940 to July 3 1941
that I last saw him alive on July 2 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 8 Days 4
If less than one day _____ hr. _____ min.

Immediate cause of death _____ Duration _____

Pulmonary tuberculosis 4 yrs

Due to _____

Due to _____

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

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Draftsman

11. Industry or business Surveying in coal mines

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Alphonse F. Perrier

13. Birthplace Unknown France 5
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Chartrand

15. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof 7/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or _____ Ronalds Terre mo

18. (a) Signature of general director Geo Bon

(b) Address St. Francois

19. (a) 7-3-1941 (b) P.A. Helmes
(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)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address [Address] Date signed 7-3-41

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

005

RECEIVED

District Health Officer No. 6,

District File Number 841-1334

Date filed

AUG 7 1941

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. 946

P. O. Address.....

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.