S. No. 2
I—1-4-41
. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26144

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 1746

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

96 4 3

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Marine Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days) In this community unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town Belleville, (If outside city or town limits, write "RURAL") 11
(d) Street No. 108a W. Main St. (If rural, give location) 6
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Emmett A Perrin (Albert Emmett Perrin) 361-09-8945
3. (b) If veteran, name war World War
3. (c) Social Security No. ~~Unknown~~
4. Sex Male ( )
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife none Violet
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased May (Month) 30 (Day) 189~~1~~ (Year)
8. AGE: Years ~~49~~ 50 Months 2 Days ~~19~~ 18 If less than one day hr. min.
9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Laborer
11. Industry or business WPA Proj 66017, O'Fallon, Ill
FATHER 12. Name Frank Perrin
FATHER 13. Birthplace Mascoutah (City, town, or county) Ill. (State or foreign country)
MOTHER 14. Maiden name Amelia Letherberry
MOTHER 15. Birthplace Mascoutah (City, town, or county) Ill (State or foreign country)
16. (a) Informant Clinical Records of Hospital
(b) Address U.S. Marine Hospital, Kirkwood, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/20/41 (Month) (Day) (Year)
(c) Place: burial or cremation Mascoutah, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) AUG 20 1941 (Date received local registrar) (b) E. G. McGauran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th year 1941 hour 10:25 minute P. M.
21. I hereby certify that I attended the deceased from July 28th 1941 to Aug. 18th 1941; that I last saw him alive on Aug. 18th 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute peritonitis, cause undetermined other than a ruptured viscus (cecum)	4 days
Due to	
Due to	
Other conditions Recurrent Rt. Inguinal Hernia 2 wks (Include pregnancy within 3 months of death)	

Major findings: Of operations Weakness of fascia: general peritonitis
Of autopsy General Peritonitis (pending exam. of specimen)

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) Not determined at present.
(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 W. W. Richards, A. Surg. (R) (M. D. or other) (Date signed) 8-19-1941
Address U.S. Marine Hospital, Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 27 1941

OCT 13 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 Wilford G. Burnley

Licensed Embalmer No. 4202

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.

. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SUPPLEMENTAL REPORT
MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26144

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 1746

1. PLACE OF DEATH:

(a) County

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: U. S. Marine Hospital, Kkrkwood, Mo. (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 Ill. (b) County

(c) City or town Belleville, (If outside city or town limits, write "RURAL")

(d) Street No. 108a W. Main St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PERRIN, Emmett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

5. Color or race

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 (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) MAR 12 1942 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1941 hour 10:25 minute A. M.

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

	Duration
Immediate cause of death Ruptured viscus (secum)	
Due to Acute peritonitis	4 da.
Due to	
Other conditions Recurrent rt. inguinal hernia 2 wks (Include pregnancy within 3 months of death)	

Major findings:
Of operations Weakness of fascia, general peritonitis
Of autopsy General peritonitis

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) NO

(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 W.W. Richards, A.Surg.(R) (M. D. or other)

Address U.S.Marine Hospital, Kirkwood, Missouri Date signed 3-11-42

(Licensed Embalmer's Statement on Reverse Side)

Report of Specimen

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S-26144

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 with the above constitutes grounds for revocation of license.)

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