

FILED MAR 24 1942 91
Registration District No. _____

Primary Registration District No. **10012**

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:
6801 Minnesota ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
Life (Specify whether
in this community _____
years, months or days)

3. (a) PRINT FULL NAME **Emma Matilda Perry**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George R. Perry** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **November 21 1878**
(Month) (Day) (Year)

8. AGE: Years **63** Months **3** Days **8** If less than one day hr. _____ min. _____

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Andrew Winterhoff**

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

14. Maiden name **Gertrude Tennessee**

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

16. (a) Informant **George R. Perry**

(b) Address **6801 Minnesota ave.**

17. (a) **Burial** (b) Date thereof **March 4, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Trinity Luth. Cem.**

18. (a) Signature of funeral director **C. Hoffmeister & Co.**

(b) Address **7814 S. Broadway**

19. (a) **MAR 3 1942** (b) **G. J. Buddeck**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6801 Minnesota ave.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1**
year **1942** hour **7** minute **15p.** M.

21. I hereby certify that I attended the deceased from **May 18 1941** to **May 1 1942**
that I last saw her alive on **May 1 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Metastasis of breast cancer to Boher vein 7-5-40**
Due to **(Primary) Primary cancer of breast (left) removed Dec 1937**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **removal of breast Dec 1937**
Of operations _____
Of autopsy **no**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence **no**
(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? **no**

While at work? **no** (Specify type of place) (e) Means of injury **no**

23. Signature **Tupper Plimpe** (M. D. or other)
Address **3933 S Grand** Date signed _____

3933 B. Board
2-4 Daily
7-8

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.....

Harry J. Schenker

Licensed Embalmer No.

2679

P. O. Address.....

732 Remayburg

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.