

Filed **MAY 28 1942**
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, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2746 Franklin Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **About 23 years**
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis, Mo.**
(c) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **2746 Franklin Ave.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Omar Perdue H. D.**
(b) If veteran, name war **No**
(c) Social Security No. **No**

4. Sex **Male** 5. Color or race **Colored**
6. (a) Single, widowed, married, divorced **Widowed**
(b) Name of husband or wife
(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
About 64 hr. min.

9. Birthplace **Fort Smith Ark.** (State or foreign country)

10. Usual occupation **Physician**

11. Industry or business

12. Name **Phelix Perdue**

13. Birthplace **Fort Smith Ark.** (City, town, or county) (State or foreign country)

14. Maiden name **Jane Sadler**

15. Birthplace **Fort Smith Ark.** (City, town, or county) (State or foreign country)

16. (a) Informant **Clinton Davis**

(b) Address **3900 West Bell Pl.**

17. (a) **Burial** (b) Date thereof **5-16-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **A. L. Beal Und Co.**

(b) Address **2726 Lucas Ave.**

19. (a) **MAY 15 1942** (Date received local registrar)
(b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **May**
year **1942** hour **9** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **5-6-1942** to **5-9-1942**.
that I last saw him alive on **5-9-1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** (Pulmonary)
(Pulmonary) Duration **3 days**

Due to **High fever**

Due to **Lowered Vitality**

Other conditions (Include pregnancy within 3 months of death) **100**

Major findings: Of operations **no**

Of autopsy **no**

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 _____

23. Signature **L. J. Vincent** (M. D. or other) **0**

Address **23369 Market** Date signed

MAY 29 1944

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 Arthur L. Heilliard
Licensed Embalmer No. 4221
P. O. Address 2649^a Delmar Blv

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.