V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26117

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6725

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: DePaul Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County St. Louis
(c) City or town 17 NR
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Barceloma Drive
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Perkinson Infant

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F, 1

5. Color or race White

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 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 1 hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Hy Perkinson
13. Birthplace St. Louis (City, town, or county) Missouri O (State or foreign country)

MOTHER
14. Maiden name Virginia Gundrich
15. Birthplace St. Louis (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Hy Perkinson
(b) Address 3 Barceloma Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) AUG 10 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1942 hour minute M.

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

Immediate cause of death — Duration
Open Tracheo vessel
(Premature baby)
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 1918 S. [illegible] Date signed

8 97 (Licensed Embalmer's Statement on Reverse Side)

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 Frank H Stroot

Licensed Embalmer No. 2265

P. O. Address 46 Mt Bridge av

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.