

FILED NOV 16 1942 318

Primary Registration District No. 1003

Registrar's No. 9181

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis**

(c) Name of hospital or institution.....
4786 Cupples Pl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
Route 25 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4786 Cupples Pl.**
(If rural, give location)

(e) Citizen of foreign country..... (Yes or No)
No Attending Physician

3. (a) PRINT FULL NAME..... **Frank Zeller Perry**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **495-12-8119**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **2** year **1942** hour **9** minute **40 A.M.**

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex..... **Male**

5. Color of race..... **White**

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased..... **NOVEMBER 21, 1895**
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE: Years **46** Months **11** Days **9** If less than one day hr. min.

Due to **Right Coronary Occlusion**

Due to **Myocardial Infarction**

Due to **Myocardial Infarction**

Due to **Bronchial**

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

10. Usual occupation..... **Laborer**

11. Industry or business..... **Merchants Ice & Fuel Co.**

Other conditions.....
(Include pregnancy, within 3 months of death)

Major findings: Of operations.....

MOTHER FATHER

12. Name..... **Frank Perry**

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

14. Maiden name..... **Carolina Aubuchon**

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

Of autopsy.....

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

16. (a) Informant..... **Alfred Perry**

(b) Address..... **212 W. Arles Ave. Lemay, Mo.**

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

(c) Place: burial or cremation..... **CALVARY CEMETERY**

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.....

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

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

19. (a) **NOV 4 1942** (Date received local registration) (b) **J. F. Bredek** (Registrar's signature)

23. Signature..... **Alfred Perry** (M. D. or other)

Address..... Date signed **11/4/42**

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..... *Louis C Hoffmeister*

Licensed Embalmer No..... *3871*

P. O. Address..... *7814 S. Broadway*

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.