

FILED MAY 3 1943 18

Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 3870

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:  
Isolation Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 hrs & 30 Minutes  
(Specify whether  
In this community  
years, months or days)

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. 913 South 17th St.  
(If rural, give location)  
(e) Citizen of foreign country? Yes or No  
If yes, name country

3. (a) PRINT FULL NAME Wilburn Perry.

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Colored 5. Color or Race Male 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 July 5th 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 9 18 hr. min.

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

10. Usual occupation  
11. Industry or business

MOTHER FATHER { 12. Name Martin Perry.  
13. Birthplace Mississippi.  
(City, town, or county) (State or foreign country)  
14. Maiden name Madelle Watson  
15. Birthplace Mississippi.  
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Grady  
(b) Address 5600 Arsenal St.

17. (a) Burial (b) Date thereof 4-27-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Funeral Home  
(b) Address 2820 Stoddard St

19. (a) APR 26 1943 (b) J. F. Bureau  
(Date received locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd  
year 1943 hour 11:15 PM minute

21. I hereby certify that I attended the deceased from April 23rd  
1943 to April 23rd 1943  
that I last saw him alive on April 23rd 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death. Broncho pneumonia  
peritubis  
Duration  
Due to 9

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?

While at work? (Specify type of place) (e) Means of injury 3  
23. Signature Thomas F. Callahan (M. D. or other)  
Address Deputy Coroner Date signed 4-26-40

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

**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 L. Boyer  
....., Registered Apprentice No. my  
working under my personal supervision.

Signed Louise Boyer  
Licensed Embalmer No. 2946  
P. O. Address St. Louis Mo

**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.**