S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23362

State File No.

FD JUL 24 1943 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 6392

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Abt. 12. hrs. (Specify whether

In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2711 a Whittier Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EDYTHE LOUISE PERKINS

3. (b) If veteran, name war ---

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

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

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

7. Birth date of deceased October 13, 1919
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
23	9	0	hr. min.

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

10. Usual occupation Nurse

11. Industry or business ---

MOTHER FATHER

12. Name Charles E. Garrett

13. Birthplace Wilmington (City, town, or county) Ohio (State or foreign country)

14. Maiden name Mattie T. Morgon

15. Birthplace Middletown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Charles E. Garrett

(b) Address 916 9th St., Middletown, O.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/14/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Middletown, Ohio

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) JUL 14 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year 1943 hour 6: minute 00 A. M.

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

that I last saw h..... alive on ..... 19...;

and that death occurred on the date and hour stated above.

Immediate cause of death Buchlonde of Morphine Poisoning Self administered Per Residence 2711 a N. Whittier July 13th 1943 about 6:00 PM

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Suicide

(b) Date of occurrence July 13 1943

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury Bichloride of Mercury

23. Signature Alfred Perry 3 (M. D. or other)

Address 4300 Clark Avenue Date signed 7/14/43

(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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.