

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 12 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

6977

Registration District No. 318

Primary Registration District No. 1003

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:
1307 So. Compton Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40yrs. 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. 1307 So. Compton Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William W. Perry

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

4. Sex Male 5. Color or 2 Colored 6. (a) Single, widowed, married, divorced, 2 Wid.

6. (b) Name of husband or wife Georgia Perry 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 15 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Minister

MOTHER FATHER { 11. Industry or business _____

12. Name George W. Perry

13. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Gates
(City, town, or county) (State or foreign country)

15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Perry Powell

(b) Address 1307 So. Compton Ave.

17. (a) Burial (b) Date thereof Aug. 2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Place: burial or cremation Washington Park Cem
(b) Signature of funeral director People's Und. Co.

(b) Address 3100 Franklin Avenue

19. (a) AUG 2 1943 J. J. Bredeloh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29
year 43 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from 7/11
1943, to 7/28, 1943

that I last saw him alive on 7/28 and that death occurred on the date and hour stated above.

Immediate cause of death 1st heart stroke. Duration 24 hrs

Due to 1911
Due to 99

Other conditions Justus's Prostate
(Include pregnancy within 3 months of death) med form.

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 1 1
(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) (c) Means of injury _____

23. Signature J. J. Bredeloh (M.D. or other) _____
Address 1174 Johnson Ave Date signed 7/31/43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed John G. Petrus
Licensed Embalmer No. 4684
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.