S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 772

FILED JAN 21 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 138

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:
City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 mos 22das (Specify whether
In this community 46years
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. 918 Aubert
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANNA PERKINS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Henry M. Perkins

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
about 65			hr. min.

9. Birthplace not known (City, town, or county) England (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Captain Forster
13. Birthplace not known (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Thilina A Ziegler
(b) Address 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J Donnelle
(b) Address 3840 Lindell Blvd

19. (a) JAN 6 1946 (Date received local registrar) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5th
year 1946 hour 12:20 minute A M.

21. I hereby certify that I attended the deceased from
Febr 13, 1945, to January 5, 1946,
that I last saw her alive on January 5, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1945x
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy No

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

23. Signature J. Schlenker (M. D. or other)
Address 5400 Arsenal St Date signed 1/5/46

(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. William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.