

FILED MAY 20 1946
Registration District No. 317

Primary Registration District No. 3064

Registrar's No. 1037293

1. PLACE OF DEATH: St. Louis, County

(a) County St. Louis, County

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

(c) Name of hospital or institution: Charlotte Drive, Ferguson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. Charlotte Drive, Ferg. 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles E. Perry

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adeline Perry 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan. 20 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name William J. Perry

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

14. Maiden name Mollie Sterner

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

16. (a) Informant Harold Perry

(b) Address Charlotte Drive, Ferg.

17. (a) Burial (b) Date thereof 4/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Sullivan Funeral Dir

(b) Address 2849 North Euclid Ave.

19. (a) MAY 14 1946 (b) E. S. McDevan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 11th. 1946
year 12.30 day P hour 12.30 minute P M.

21. I hereby certify that I attended the deceased from 5/11/46 to 5/11/46
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration _____

Due to 946

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 Alvin B. ... (M. D. or other) _____

Address 3549 ... Date signed 5/12/46

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

16860

MOTHER FATHER

Dr. Albert Bode

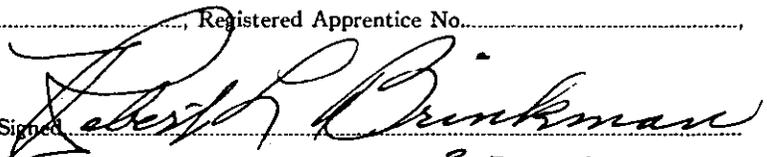
3542 Arsenal St. LA. 7144

AUG 30 1946

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 

Licensed Embalmer No. 3553

P. O. Address.....

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.