No. 2
-12-45
-17-39
X47070

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. 2974

FILED JAN 23 1947 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 179

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:
St. Lukes Hospital.
(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 Clayton 5, 2
(If outside city or town limits, write "RURAL")

(d) Street No. 7555 York Drive. NR 3
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME SAMUEL W. PERRY.

3. (b) If veteran, name war None.

3. (c) Social Security No.

4. Sex Male

5. Color or race White.

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 (Month) 17, (Day) 1889. (Year)

8. AGE:

Years	Months	Days	If less than one day
57.	5.	20.	hr. min.

9. Birthplace Bonne Terre, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Departamental Manager,

11. Industry or business Westinghouse Electric Co.

FATHER
12. Name Samuel W. Perry.
13. Birthplace Unknown, (City, town, or county) Missouri, (State or foreign country)

MOTHER
14. Maiden name Betty C. Keith.
15. Birthplace Unknown, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mrs George C. Hargrave.
(b) Address 7555 York Drive,

17. (a) Removal.. (Burial, cremation, or removal) (b) Date thereof 1-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre, Mo.,

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,

19. (a) JAN 7 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1947 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from 20/August/1946, 19 to Jan - 6, 1947
that I last saw him alive on Jan 6th, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute cardiac decompensation or failure -	2 hrs -
Due to: squamous cell carcinoma	
Due to: Larynx with metastasis causing pressure	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Biopsy - 29/August/1946 squamous cell carcinoma -
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L P Gay M.D. (M. D. or other)
Address 453 N. Taylor Ave Date signed 7/1/47.

(Licensed Embalmer's Statement on Reverse Side)

453 N. Taylor Ave.,
FO: 3346.
2-4 P.m.

FEB 19 1947

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood 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.