

FILED APR 28 1947

Registration District No. **211**

Primary Registration District No. **6076**

Registrar's No. **930**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis** **Someleston**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5623 Hodimont Ave
(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 **MO** (b) County **St Louis 96**
(c) City or town **Someleston**
(If outside city or town limits, write "RURAL")
(d) Street No. **5623 Hodimont Ave**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **22**
year **1947** hour **11** minute **55 P** M.
21. I hereby certify that I attended the deceased from **7:00** **1**
1946, to **Apr 21, 1947**
that I last saw him alive on **Apr 20, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Malnutrition 16 1/2 mo**
Chr Bronchitis 6 mo
Due to.....
Due to..... **Influenza / pneumonia in Nov-1946**

Other conditions (Include pregnancy within 3 months of death)
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.....
(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 **M. Shumaker**
Address **6209 W. Florissant** Date signed **9-23-47**

3. (a) PRINT FULL NAME **Charles Ben Perry**

3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Kate Perry** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **Sep 16** **Th 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 **7 1/2** **6** hr. min.

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

10. Usual occupation **Painter & Decorater**

11. Industry or business **Own**

12. Name **Ben Frankli Perry**
13. Birthplace **Canada** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Bushart**
15. Birthplace **Canada** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Kate Perry**
(b) Address **5623 Hodimont Ave**

17. (a) **Burial** (b) Date thereof **April 25 Th**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemeteey**

18. (a) Signature of funeral director **Edward Keck**
(b) Address **3516 N 14 Th Str**

19. (a) **4-25-47** (b) **Covala**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 Rex E. Caughill
Licensed Embalmer No. 3881
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.