No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 16 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

29958
State File No.
Registrar's No. 1744

Registration District No. 37
Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town St. Johns,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8016 St. Charles Rock Road
(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. Johns
(If outside city or town limits, write "RURAL")
(d) Street No. 8016 St. Charles Rock Road.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM L. PERRY.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HENRIETTA IVA L, Perry.
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased April 6 1888 (Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Lawrence County, Ohio.
(City, town, or county) (State or foreign country)
10. Usual occupation Tavern Owner.
11. Industry or business
FATHER
12. Name John J. Perry.
13. Birthplace Lawrence County, Ohio
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Wickline.
15. Birthplace Lawrence County, Ohio
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Henrietta Perry.
(b) Address 8016 St. Charles Rock Road.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery.
18. (a) Signature of funeral director C. R. LUPTON & SONS.
(b) Address 7233 DELMAR BLVD.,
19. (a) 8-14-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1947 hour 7:20 minute P. M.
21. I hereby certify that I attended the deceased from Aug 11, 1947, to Aug 12, 1947; that I last saw him alive on Aug 12, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Chronic	
Due to	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death) Cerebral apoplexy	10 months
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 C. E. Sterling (M. D. or other) MD
Address 2050 North & South Rd St Louis #14 Mo Date signed 13 Aug 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. C.E.Sterling.
2050 N. & S. Road.
WI 2624.

MAY 14 1951

SEP 11 1947

APR 26 1951

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. Harris

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.