

Registration District No.

Primary Registration District No.

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

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 **Mo. Baptist Hospital.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo. 6 days.**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Wellston**
(If outside city or town limits, write "RURAL")
(d) Street No. **6452 Wellsmar Avenue.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **William H. Percival.**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **488-09-3715**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9th.**
year **1948** hour **5** minute **15 PM** M.
21. I hereby certify that I attended the deceased from **April 16** 19**48** to **May 9** 19**48**
that I last saw him **alive** on **May 3** 19**48**
and that death occurred on the date and hour stated above. **Duration**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Maud L. Percival.** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **March 7, 1879.**
(Month) (Day) (Year)

Immediate cause of death
Cerebral hemorrhage
Due to **STROKE**

8. AGE: Years Months Days If less than one day
69 2 2 hr. min.

Due to.....
Other conditions..... (include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

9. Birthplace **Middlewich, England.** 4
(City, town, or county) (State or foreign country)
10. Usual occupation **Machinist.**
11. Industry or business.....
12. Name **Isaac Percival.** 1
13. Birthplace **England.** 1
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Williams.**
15. Birthplace **England.** 4
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Mrs. Maud L. Percival.**
(b) Address **6452 Wellsmar Avenue.**
17. (a) **Burial** (b) Date thereof **5-12-1948.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Lebanon Cemetery.**
18. (a) Signature of funeral director **Geo. L. Pleitsch, Inc.**
(b) Address **5966-68 Eastern Avenue.**
19. (a) **MAY 11 1948** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

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 **[Signature]**
23. Signature **[Signature]** (M. D. or other)
Address **1918 East 7th St.** Date signed.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

Dr. Emmy Ross.
1918 East Grand.
Hours 1 to 3 P.M.
Central 4111

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

Clement McNeary
.....
Licensed Embalmer No. 3737

P. O. Address St. Louis

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.