

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28418

State File No.

BIRTH NO. 53265-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7544

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>000</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)	c. LENGTH OF STAY (In this place) <u>3 hrs. 5</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>17</u> OR <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		d. STREET ADDRESS (If rural, give location) <u>22-2812 Clark</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u>	b. (Middle)	c. (Last) <u>Perry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>7</u> <u>49</u>
5. SEX <u>Fem. 3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>3</u>	8. DATE OF BIRTH <u>8-7-49</u>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 15 MIN. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME	

13b. MOTHER'S MAIDEN NAME <u>Anna Lee Perry</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Dora Jett 2601 N. Whittier</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>159</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>99 box</u>

22. I hereby certify that I attended the deceased from 8-7-, 1949, to 8-7-, 1949, that I last saw the deceased alive on 8-7-, 1949, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. D. Scoble</u>	23b. ADDRESS <u>M. P. 2601 N. Whittier</u>	23c. DATE SIGNED <u>8-10-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>AUG 31 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. <u>AUG 31 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Casater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service Inc.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

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.