

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21906

State File No. 5709

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5709**

081

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

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 20 Yrs | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219 | |
| | | d. STREET ADDRESS (If rural, give location) 3521 1/2 Lawton Avenue 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) _____ c. (Last) Perry | | 4. DATE OF DEATH (Month) (Day) (Year) June 28, 1950 | |
| 5. SEX Fem | 6. COLOR OR RACE Col | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH Jan. 4, 1899 |
| 9. AGE (In years last birthday) 51 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) Reelford County, Tennessee |
| 12. CITIZEN OF WHAT COUNTRY? _____ | | | |
| 13a. FATHER'S NAME Bill Scruggs | | 13b. MOTHER'S MAIDEN NAME Alice (Unknown) | 14. NAME OF HUSBAND OR WIFE Clarence Perry |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elsie Akins, 3421 1/2 Lawton Avenue | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (r.s.) ANTECEDENT CAUSES insulting neck of right femur) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. suffered when deceased fell to the floor at her home at 3419 1/2 Lawton Blvd on June 14 1950 that time DUE TO (c) stroke II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. stroke | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION Accident r.o.o | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo | |
| 21d. TIME OF INJURY June 14 50 ? m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? E 9030 | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:10 P. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Walter Perry Deaton | | (Degree or title) _____ | 23b. ADDRESS 1300 Clark |
| 23c. DATE SIGNED 6/30/50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7/3/50 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
| DATE REC'D BY LOCAL JUL 1 1950 | REGISTRAR'S SIGNATURE J. B. Lasater | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. M. C. Green, 3517 Laclede Avenue | |

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: _____

W. C. Green

Licensed Embalmer No. 4428

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.