

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12684**  
Registrar's No. **10497**

318

1003

BIRTH NO. <b>84207-50</b>		REG. DIST. NO.		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY <b>0</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>E. St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>4</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>E. St. Louis</b>		8
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>			d. STREET ADDRESS (If rural, give location) <b>1121 North 2nd Street</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Infant</b>		b. (Middle)	c. (Last) <b>Perry</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 4, 1950</b>
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single 0</b>	8. DATE OF BIRTH <b>Dec. 1, 1950</b>	9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <b>Mayola Perry</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>n</b>	16. SOCIAL SECURITY NO. <b>n</b>	17. INFORMANT'S SIGNATURE OR NAME <b>H Leala Perry</b>		ADDRESS <b>300 E. Brady</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>signature Birth</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>776A</b>			
22. I hereby certify that I attended the deceased from <b>Dec 1 - 1950</b> to <b>Dec 4 - 1950</b> , that I last saw the deceased alive on <b>Dec 4 - 1950</b> , and that death occurred at <b>7:30 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>John Eubanks M.D.</b>		23b. ADDRESS <b>1433 East 13th East St. Louis, Mo.</b>		23c. DATE SIGNED <b>12/7/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-9-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Booker Washington</b>	24d. LOCATION (City, town, or county) (State) <b>E. St. Louis, Ill.</b>		
DATE REC'D BY LOCAL REG. <b>DEC 9 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Luster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. H. Nash 3847th Ave.</b>		

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 *O. J. Nash*

Licensed Embalmer No. *2432*

P. O. Address *3847 Poff*

**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.