No. 300
10.48

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

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42685

BIRTH NO. 0 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11309

1. PLACE OF DEATH
a. COUNTY St. Louis Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (In this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Park Lane Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY 2246
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
d. STREET ADDRESS (If rural, give location) 3002a Cherokee

3. NAME OF DECEASED (Type or Print)
a. (First) Edward
b. (Middle)
c. (Last) Perry

4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1950

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Mar. 4, 1886
9. AGE (In years last birthday) 64 — If under 1 year: Months Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Riviter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Springfield, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Perry
13b. MOTHER'S MAIDEN NAME not known
14. NAME OF HUSBAND OR WIFE Lois Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 489-10-1352
17. INFORMANT'S SIGNATURE OR NAME Lois Perry ADDRESS 3002a Cherokee

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 4 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bowel perforation — 4 days
DUE TO (c) Incarcerated hernia — 5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 7 yrs.

19a. DATE OF OPERATION 12-27-50
19b. MAJOR FINDINGS OF OPERATION Peritonitis Multiple Bowel Perforations
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 57 X

22. *I hereby certify that I attended the deceased from* 12-26, 1950, *to* 12-31, 1950, *that I last saw the deceased alive on* 12-30, 1950, *and that death occurred at* 1:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE James W Fletes (Degree or title) M.D.
23b. ADDRESS 6900 Clayton ave
23c. DATE SIGNED 1-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 1/3/51
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
24d. LOCATION (City, town, or county) Affton, Mo. (State)

DATE REC'D BY LOCAL REG. JAN 3
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons ADDRESS 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Evans

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.