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FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42686

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11184

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2210	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital		e. STREET ADDRESS (If rural, give location) 3107 Lucas Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Betty	b. (Middle) L.	c. (Last) Perryman	4. DATE OF DEATH (Month) (Day) (Year) Dec. 28 1950
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5. SEX A. 3	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 2-11-20-1915	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Miss. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Walter Smith	13b. MOTHER'S MAIDEN NAME Matilda Baker	14. NAME OF HUSBAND OR WIFE Dead
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or years unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Samuel Perryman	ADDRESS 2831 Franklin Ave
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Undet.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Far Advanced Pulmonary Tuberculosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Box
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22. I hereby certify that I attended the deceased from 12-18-50, to 12-28-50, that I last saw the deceased alive on 12-28-50, and that death occurred at 1:10a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Larence W Harris M. D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 12-28-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-2-1951	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO
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DATE REC'D BY LOCAL REG. DEC 29 1950	REGISTRAR'S SIGNATURE J. B. Lacater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gus Lowe 2930 Dickson St
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Arthur L. Hilliard

Signed.....
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4049 St. Ferdinand

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.