S. No. 300
v. 10/48

FILED DEC 28 1950
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Reg. 89283

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43222

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3089

4000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS. MO.
c. LENGTH OF STAY (in this place): 63 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EAST ST. LOUIS 8120
d. STREET ADDRESS (If rural, give location): 1525 South I Street 8

3. NAME OF DECEASED (Type or Print)
a. (First): STEVE
b. (Middle):
c. (Last): PERRY

4. DATE OF DEATH (Month) (Day) (Year): 12/20/50

5. SEX: M 0
6. COLOR OR RACE: N
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: 10/25/91
9. AGE (In years last birthday): 59 yrs. 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): Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chickasaw, Miss. /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Steve Perry
13b. MOTHER'S MAIDEN NAME: Annie Young
14. NAME OF HUSBAND OR WIFE: Millie Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World I
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: V. A. HOSPITAL RECORDS

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): HYPERTENSIVE CARDIOVASCULAR DISEASE

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4437
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
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): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/19, 1950, *to* 12/20, 1950, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXXXX~~, *and that death occurred at* 5:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward A Kendal Jr. M.D.
23b. ADDRESS: V.A.HOSP. JEFF. BRKS. MO.
23c. DATE SIGNED: 12-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-27-50
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY,
24d. LOCATION (City, town, or county) (State): JEFF.BRKS., MO.

DATE REC'D BY LOCAL REG.: 12/21/50
REGISTRAR'S SIGNATURE: Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: CRIGGLER FUNERAL HOME 1036 Tudor E.St.Louis,Ill.

(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 me

working under my personal supervision.

Student Embalmer No.....

Signed Ben H. Baldwin

Signed.....
Student Embalmer

Licensed Embalmer No. 2420

P. O. Address [illegible]

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.