

FILED JUN 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17714

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 105

0923

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR St. Charles | | c. CITY (If outside corporate limits, write RURAL and give township) OR St. Charles | |
| c. LENGTH OF STAY (In this place) 30 yr. | | d. STREET ADDRESS (If rural, give location) 2107 North Third Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2107 North Third Street | | | |

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|-------------------------------------|------------------------|----------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) John | b. (Middle) William | c. (Last) Perkins | 4. DATE OF DEATH (Month) (Day) (Year) June 2, 1951 |
|-------------------------------------|------------------------|----------------------------|--------------------------|--|

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|---|----------------------------------|--|--|---|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 25, 1876 | 9. AGE (In years last birthday) Months Days 75 1 7 | IF UNDER 28 HRS. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter (retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad Car Company | | 11. BIRTHPLACE (State or foreign country) Howard County, Missouri | |
| 13a. FATHER'S NAME Adren Perkins | | | 13b. MOTHER'S MAIDEN NAME Cornelia Ashby | | 14. NAME OF HUSBAND OR WIFE Hallie H. (Cope) Perkins |

| | | | | |
|---|---|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NIL | 16. SOCIAL SECURITY NO. 497-01-8036 | 17. INFORMANT'S SIGNATURE OR NAME Mrs Hallie H. Perkins-St. Charles, Mo. | | ADDRESS |
|---|---|--|--|---------|

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS | | INTERVAL BETWEEN ONSET AND DEATH 10 MIN. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis + | | |
| | DUE TO (c) Arteriosclerotic Heart Dis. 4 yrs. | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma 2 yrs. | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4200 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **7-6**, 19**51**, to **4 June**, 19**51**; that I last saw the deceased alive on **4 June**, 19**51**, and that death occurred at **3:00 Pm.**, from the causes and on the date stated above.

| | | | |
|--------------------------------------|-------------------|--|--------------------------------------|
| 23a. SIGNATURE <i>Edw. J. ...</i> | (Degree or title) | 23b. ADDRESS 14 N. Main St. Charles, Mo. | 23c. DATE SIGNED 4 June 51 |
|--------------------------------------|-------------------|--|--------------------------------------|

| | | | |
|--|---------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 6-1951 | 24c. NAME OF CEMETERY OR CREMATOR Oak Grove Cemetery | 24d. LOCATION (City, town, or county) (State) St. Charles, Missouri |
|--|---------------------------------|--|---|

| | | | |
|---|---|--|---|
| DATE REC'D BY LOCAL REG. 6-4-51 | REGISTRAR'S SIGNATURE <i>Francis ...</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>H. C. Dallmeier</i> | ADDRESS 800 N. 2nd St. Charles, Mo. |
|---|---|--|---|

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 3 1951

RECEIVED

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.....
Student Embalmer

Signed Herbert C. Gallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.