

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18465

FILED JUN 15 1951

State File No. _____
Registrar's No. 4983

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
I. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) <u>30 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		<u>2119</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>YONIA PHILLIPS HOSPITAL</u>				11. STREET ADDRESS (If rural, give location) <u>3966* EVANS</u>					
3. NAME OF DECEASED (Type or Print) <u>HALLIE</u>		a. (First)		b. (Middle)		c. (Last) <u>PERRY</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>5 24 51</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>			
8. DATE OF BIRTH <u>8/25/1864</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>86</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>CINCINNATI OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>SAM PERRY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>THELMA CROBOLD</u> ADDRESS <u>3966 Evans</u>			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Le of right hip, Lobar pneumonia</u> ANTECEDENT CAUSES <u>suffered when deceased fell at her home on May 10 1951 about 400 pm</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no accident</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>no accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 10 51 400 p.m.</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E903A</u>				22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>650 P.m.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>Joseph M. ... Deputy</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>5/26/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/31/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>			
DATE REC'D BY LOCAL REG. <u>MAY 29 1951</u>		REGISTRAR'S SIGNATURE <u>J.B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Susan C Lewis</u>		ADDRESS <u>22 E. ...</u>			

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 *David W. Hayden*

Licensed Embalmer No. *4802*

P. O. Address *St. Louis, 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.