No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25110

FILED AUG 15 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6928

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
c. LENGTH OF STAY (in this place) 29 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Edwards
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grayville 8120
d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED (Type or Print) a. (First) Bessie b. (Middle) c. (Last) PERRYMAN
4. DATE OF DEATH (Month) (Day) (Year) 7-30-51

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3
8. DATE OF BIRTH 9-12-1902
9. AGE (In years last birthday) 49 | 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) Housework
10b. KIND OF BUSINESS OR INDUSTRY Joe
11. BIRTHPLACE (State or foreign country) Edwards County Ill
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Siegert
13b. MOTHER'S MAIDEN NAME Nora Maxwell
14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Nora Siegert ADDRESS Grayville Ill

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) Renal insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of cervix — 18 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7/2/51
19b. MAJOR FINDINGS OF OPERATION As above
20. AUTOPSY? YES [X] 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? 171 X

22. *I hereby certify that I attended the deceased from* 7-1-, 1951, *to* 7-30, 1951, *that I last saw the deceased alive on* 7-30, 1951, *and that death occurred at* 2:38 A *m., from the causes and on the date stated above.*

23a. SIGNATURE C. O. Vermillion M.D. (Degree or title) M.D.
23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 7/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7-30-51
24c. NAME OF CEMETERY OR CREMATORY Oak Grove
24d. LOCATION (City, town, or county) Grayville (State) Ill

DATE REC'D BY LOCAL REG. AUG 3 1951
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address St Louis

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.