

FILED MAR 5 1952

STANDARD CERTIFICATE OF DEATH

State File No. 1247

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1247

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2079	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 5418 Partridge Av 7	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5418 Partridge Av		7 5418 Partridge Av	
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Thomas c. (Last) Perhat		4. DATE OF DEATH (Month) (Day) (Year) Feb 6 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 18 1891
9. AGE (In years last birthday) 60		10. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Yugoslavia
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Thomas Perhat		14. NAME OF HUSBAND OR WIFE Helen Perhat	
13b. MOTHER'S MAIDEN NAME Clara Antic		14. NAME OF HUSBAND OR WIFE Helen Perhat	
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 Helen Perhat 5418 Partridge Av	

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) <u>Carcinoma of sub-left lung, w/af</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 mo.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Metastatic to Lung</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1 mo.	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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? <u>2002</u>

22. I hereby certify that I attended the deceased from 3-15-1949, to 2-6-1952, that I last saw the deceased alive on 2-6-1952 and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry W. Noller MD</u> (Degree or title)	23b. ADDRESS <u>3720 W Ashlyton St. Louis Mo</u>	23c. DATE SIGNED <u>2/9/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/9/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Missouri</u>
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DATE REC'D BY LOCAL OFFICE <u>FEB 8 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Moydell Funeral Home</u>	ADDRESS <u>1926 Allen Av</u>
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(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 me

.....
working under my personal supervision.

Student
Student Embalmer

..... Student Embalmer No.

Signed Dale A. Kraumann

Licensed Embalmer No. 4533

P. O. Address 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.