

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8114

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>2029</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>UNK</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mississippi River</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PERLEY</u> b. (Middle) <u>TANCREDER</u> c. (Last) <u>DOSTIE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 8 52</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNK</u>	8. DATE OF BIRTH <u>UNK</u>
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>UNK</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>UNK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>UNK 9</u>	
12. CITIZEN OF WHAT COUNTRY? <u>UNK</u>		13a. FATHER'S NAME <u>UNK</u>	
13b. MOTHER'S MAIDEN NAME <u>UNK</u>		14. NAME OF HUSBAND OR WIFE <u>UNK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give branch and date of service) <u>UNK</u>		16. SOCIAL SECURITY NO. <u>UNK</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>R. Taylor Cooney</u>		ADDRESS <u>1300 Clark</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation due to drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Found in Miss. River 8 Aug 52</u> DUE TO (c) <u>about 6:00 P.M.</u>	
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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>E9298</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 <u>6:00 P.M.</u> , from the causes and on the date stated above. <u>42</u>	
23a. SIGNATURE (Degree or title) <u>R. Taylor Cooney 3</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>8/19/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
24b. DATE <u>8-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Lebanon</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.H. Hoppe</u>	
DATE REC'D BY LOCAL REG. <u>AUG 27 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	
25. ADDRESS <u>4700 Washington</u>		5.04 (Licensed Embalmer's Statement on Reverse Side)	

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

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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 \_\_\_\_\_

*No Embalmer*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Albert H. Happe* \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.