

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8169

State File No.

No. 300
10-49

FILED FEB 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>0495</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u> <u>2069</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>5631 ASHLAN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>E.</u>		c. (Last) <u>PERKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-53</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7-15-1916</u>	
9. AGE (in years; last birthday) <u>36</u>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Hours _____		IF UNDER 2 HRS. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PIPE-FITTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PIPE-FITTER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BLACKWELL MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J.M. PERKINS</u>		13b. MOTHER'S MAIDEN NAME <u>CITTIE GWENN</u>		14. NAME OF HUSBAND OR WIFE <u>HENRETTA BINSBACHER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>488-07-7130</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.M. PERKINS STANTON, MO</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>Severe nephrotic nephrosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Shock</u> DUE TO (c) <u>Multiple injuries</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* <u>2 days</u> <u>2 days</u> <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Fractured pancreas</u> <u>Ruptured spleen Contused colon Mesenteric hematoma 400</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Highway 30 St. Louis County MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-7-53</u> <u>Am.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AUTOMOBILE ACCIDENT</u>			
22. I hereby certify that I attended the deceased from <u>2-7</u> , 19 <u>53</u> , to <u>2-10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-10</u> , 19 <u>53</u> , and that death occurred at <u>6:20 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>601 S. Brentwood</u>		23c. DATE SIGNED <u>2-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>2-13-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ODD FELOWS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. CLAIR MO</u>	
DATE REC'D. BY LOCAL REG. <u>2-11-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>St. Clair Mo</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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.)

case, injury, or complication which caused death.		DUE TO (c) Multiple injuries			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Fractured Pancreas Ruptured Spleen, Contused Colon, Mesenteric Hematoma			20. AUTOPSY? YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>2-7</u> , 19 <u>53</u> , to <u>2-10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-10</u> , 19 <u>53</u> , and that death occurred at <u>6:20 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <i>J. Kammer</i>		(Degree of title) M.C.	23b. ADDRESS 601 S. Brentwood Clayton		23c. DATE SIGNED 2-10-53
24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE 2-13-53	24c. NAME OF CEMETERY OR CREMATORY ODD FELLOWS C.E.M.	24d. LOCATION (City, town, or county) (State) ST. CLAIR, MO.		
DATE REC'D BY LOCAL REG. 2-11-53	REGISTRAR'S SIGNATURE <i>Hubert R. Donohue</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Lenox H. Clark</i>		ADDRESS MO.

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

[Handwritten Signature]

Licensed Embalmer No. 3601

P. O. Address St. Clair 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.