

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30693

State File No. ....

FILED AUG 25 1953  
BIRTH NO. 67832 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 560 Registrar's No. 2244

|  |                               |  |   |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis,</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY  |   |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Normandy Missouri</u> )  |                               | c. LENGTH OF STAY (In this place) <u>9 days</u>  | c. CITY OR TOWN <u>St. Louis</u>  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hosp</u>   |                               | e. STREET ADDRESS (If rural, give location) <u>2247 2861 South 13th Street., /</u>   |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Melvin</u> b. (Middle) <u>W.</u> c. (Last) <u>Perry</u>   |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 15 1953</u>  |   |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>  | 8. DATE OF BIRTH <u>Aug 6, 1953</u>   |
| 9. AGE (In years last birthday) <u>9</u>   |                               | IF UNDER 1 YEAR Months <u>9</u> Days   | IF UNDER 1 HRS. Hours <u>0</u> Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None-Infant</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Nil</u>   | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>         |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |                               | 13a. FATHER'S NAME <u>V. G. Perry</u>  |   |
| 13b. MOTHER'S MAIDEN NAME <u>Louella Wilson</u>  |                               | 14. NAME OF HUSBAND OR WIFE <u>Nil</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>Nil</u>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>V.G. Perry, 2861 South 13th Street.,</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>a telec-fasis - bot lateral</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prematurity</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>7625</u> |   |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION   |   |
| 20. AUTOPSY?<br>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) (Minute)   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 21f. HOW DID INJURY OCCUR?  |
| 22. I hereby certify that I attended the deceased from <u>Aug 6</u> , 19 <u>53</u> , to <u>Aug 15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug 15</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above. |                               |  |   |
| 23a. SIGNATURE (Degree or title) <u>A. J. [Signature]</u>  |                               | 23b. ADDRESS <u>1800 A Lafayette Ave</u>   | 23c. DATE SIGNED <u>8/17/53</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   | 24b. DATE <u>8-17-53</u>      | 24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>  | 24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Missouri.</u>            |
| DATE REC'D BY LOCAL REG. <u>8-17-53</u>  |                               | REGISTRAR'S SIGNATURE <u>Herbert R. Domb</u>   |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>  |                               | ADDRESS <u>4700 Washington Blvd</u>  |   |

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.....  
Signature of Student Embalmer

Signed ~~Lawrence E. May~~ NO EMBALM.....

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).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.