

STANDARD CERTIFICATE OF DEATH

6660

State File No.

12542-54
FILED MAR 4 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1481**

1. PLACE OF DEATH a. COUNTY _____ b. CITY OR TOWN St Louis Mo c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Infirmary		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St Clair c. CITY OR TOWN St Louis d. STREET ADDRESS 622 Converse	
3. NAME OF DECEASED a. (First) Darrell b. (Middle) Perkins c. (Last) _____ (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) 2-2-54	
5. SEX male	6. COLOR OR RACE Negro.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH 2-2-54
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	11. BIRTHPLACE (State or foreign country) St Louis, Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME Ernest Perkins		13b. MOTHER'S MAIDEN NAME Shirley Bailey	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Shirley Perkins	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		ADDRESS above	
*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) nonviable fetus.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) 22 weeks gestation.	
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 _____		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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 598 ON 11:15 am 776X		22. I hereby certify that I attended the deceased from 2-2 , 19 54 , to 2-2 , 19 54 , that I last saw the deceased alive on 2-2 , 19 54 , and that death occurred at 11:15 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE Wiford A. Hancock MD (Degree or title)		23b. ADDRESS 360A 80 15th E. St. Louis	
23c. DATE SIGNED 2/3/54		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE 2-27-54		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service	
DATE REC'D BY LOCAL REG. FEB 18 1954		ADDRESS 4194 Manchester Ave. St. Louis 10, Mo.	

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.)

If this body is not embalmed, fact should be so stated above.