

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10039**
2597

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 6423 Woodbine Ct.		e. STREET ADDRESS (If rural, give location) 6423 Woodbine Ct.	

3. NAME OF DECEASED (Type or Print) a. (First) CLAUDE		b. (Middle) O.		c. (Last) PEARCY		4. DATE OF DEATH (Month) (Day) (Year) Mar. 20 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 6, 1881		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY Law		11. BIRTHPLACE (City and State or Foreign Country) Thornfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George W. Percy		13b. MOTHER'S MAIDEN NAME Josephine Lyons		14. NAME OF HUSBAND OR WIFE Frances J. Percy	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY (If yes, give war or dates of service) Span.-American 493-07-3842	17. INFORMANT'S SIGNATURE OR NAME Frances J. Percy		ADDRESS 6423 Woodbine Ct.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC CORONARY ARTERY DISEASE		ANTECEDENT CAUSES		1 YR	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) CARCINOMA OF PROSTATE & PELVIC, VERTEBRAL + FEMORAL METASTASIS		7 YRS	
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 CARCINOMA OF PROSTATE 1948		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 177x	
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22. I hereby certify that I attended the deceased from **5-24, 1952**, to **3-20, 1955**, that I last saw the deceased alive on **3-20, 1955**, and that death occurred at **11:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sam Brand M.D.		23b. ADDRESS 2838 S. Grand Blvd.		23c. DATE SIGNED 3-22-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar. 23, 1955	24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
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DATE REC'D BY LOCAL REG. MAR 22 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.		
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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.....
Signature of Student Embalmer

Signed *Edwin M. Bennett*.....
 Licensed Embalmer No. *304*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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: