

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10046**
1959

FILED MAR 18 1955

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 MISSOURI b. COUNTY _____			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN ST LOUIS		d. STREET ADDRESS (If rural, give location) 3960 SULLIVAN AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY INFIRMARY			d. STREET ADDRESS (If rural, give location) 3960 SULLIVAN AVE			
3. NAME OF DECEASED (Type or Print) Yella		a. (First)	b. (Middle)	c. (Last) PERRY	4. DATE OF DEATH (Month) 2 (Day) 28 (Year) 1955	
5. SEX F	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 3-30 1903	9. AGE (In years last birthday) 51 yrs of UNDER 1 YEAR Months _____ Days _____ of UNDER 1 MRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) BRINKLEY ARK.		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME RICHARD GUNTHROPE		13b. MOTHER'S MAIDEN NAME GEORGIE BURTON		14. NAME OF HUSBAND OR WIFE LESS PERRY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIOVASCULAR DISEASE			INTERVAL BETWEEN ONSET AND DEATH 10 mo.
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death P			
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? 44.3x	

22. I hereby certify that I attended the deceased from **5-15**, 19**54**, to **2-28**, 19**55**, that I last saw the deceased alive on **3/8**, 19**55**, and that death occurred at **10:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE William H. Simbler, M.D. (Degree or title)		23b. ADDRESS 4503 Page Blvd		23c. DATE SIGNED 3/1/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) 3-7-55		24b. DATE 3-7-55		24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM. WELLSVILLE ST. CO. MO	
24d. LOCATION (City, town, or county) _____ (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE A. J. Walton		ADDRESS 2707 St. Louis	
DATE REC'D BY LOCAL REG. MAR 2 1955		REGISTRAR'S SIGNATURE Carl Smith			

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldines

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.