

FILED AUG 2 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 24202

6259

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> ²²¹⁹			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3136 LAWTON BLVD</u>				d. STREET ADDRESS (If rural, give location) <u>21 3136 LAWTON BLVD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SADIE</u> b. (Middle) _____ c. (Last) <u>PERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-14-55</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>SEPT. 17, 1880</u>	
9. AGE (in years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		11. BIRTHPLACE (City and State or Foreign Country) <u>CLARKSVILLE TENN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RICHARD JACKSON</u>		13b. MOTHER'S MAIDEN NAME <u>HENRIETTA MADISON</u>		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 <u>WINNIFRED STEWART</u> ADDRESS <u>3136 LAWTON</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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) <u>443X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>6/25 4:30 PM</u> , 19 <u>55</u> , to <u>7/14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-14</u> , 19 <u>55</u> , and that death occurred at <u>4:30</u> A.M., from the causes and on the date stated above.							
23a. SIGNATURE <u>V.C. Pamer</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>3146a Padala</u>		23c. DATE SIGNED <u>7/15/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>7-20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CTY MO</u>	
DATE REC'D BY LOCAL REG. <u>JUL 20 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.F. WALTON</u> ADDRESS <u>2707 STODOL ARD ST</u>			

20. (Licensed Embalmer's Statement on Reverse Side)

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 Aline

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.