

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7051

State File No.

FILED MAR 5 1956

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 741

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY		
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of Poor		e. STREET ADDRESS 20 3225 N. Florissant Ave.		22080		
3. NAME OF DECEASED (Type or Print) a. (First) Placido		b. (Middle) Perez		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1956		5. SEX M.		6. COLOR OR RACE W.		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Oct. 5, 1885		9. AGE (In years last birthday) 70		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mexico		
13a. FATHER'S NAME Feliciano Perez		13b. MOTHER'S MAIDEN NAME Pompa Torres		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister Germaine, 3225 N. Florissant Ave.		
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) Arterio-sclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 2 1/2
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None		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 Nov 1, 1955 to Jan 21, 1956, that I last saw the deceased alive on Jan 1, 1956, and that death occurred at 5 P. m., from the causes and on the date stated above.						
23a. SIGNATURE (Signature of Attending Physician)		23b. ADDRESS 2435 N. Grand Blvd		23c. DATE SIGNED 1-23-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE JAN. 23, 1956		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE J. Donnelly		ADDRESS 10 Lindell Blvd.		
DATE REC'D BY LOCAL REG. JAN 23 1956		REGISTRAR'S SIGNATURE (Signature)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. J. Rayson.....
Licensed Embalmer No. 469
P. O. Address 3840 Lincoln

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.