

FILED AUG 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28962**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6652**

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (in this place) 29	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital		e. CITY OR TOWN St. Louis	
f. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) JOHN (Type or Print)		b. (Middle) HENRY	
c. (Last) PERKINS		4. DATE OF DEATH (Month) (Day) (Year) July 14 1956	
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22 1900
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 0 Days 22	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Moving & Storage	11. BIRTHPLACE (City and State or Foreign Country) Robertsville Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edward Perkins	
13b. MOTHER'S MAIDEN NAME Mary Smith		14. NAME OF HUSBAND OR WIFE Gertrude Perkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-10-1228	
17. INFORMANT'S SIGNATURE OR NAME Gertrude Perkins		ADDRESS 3156 School St	
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) Ac Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 16 years		Unknown	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 445x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, 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?	
22. I hereby certify that I attended the deceased from 6-21 , 19 56 , to 7-14 , 19 56 , that I last saw the deceased alive on 7-13 , 19 56 , and that death occurred at 12:40 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE R.E. Smith M.D.		23b. ADDRESS 11 N Jefferson St	23c. DATE SIGNED 7-14-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-18-1956	24c. NAME OF CEMETERY OR CREMATOR Father Dickson	24d. LOCATION (City, town, or county) (State) St. Louis, Co, Mo
DATE REC'D BY LOCAL REG. JUL 16 1956	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE J.H. Randle & Son	
ADDRESS 3133 Bell Avenue			

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 *Arthur L. Heilbard*

Licensed Embalmer No. *422*

P. O. Address *4107 Jan*

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.