

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32575

State File No.

FILED OCT 10 1956

BIRTH NO.		REG. DIST. NO. <u>312</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2207</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>6 days</u>		c. CITY OR TOWN <u>Kinloch 40011</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>664 Carson Rd</u>				
3. NAME OF DECEASED (Type or Print) <u>CORA</u>			a. (First)		b. (Middle)		c. (Last) <u>PERKINS</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>9 16 1956</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>17 Mar 1901</u>		
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Silsbee, Texas</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>								
13a. FATHER'S NAME <u>Henry Mc Kinney</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah (nee?)</u>		14. NAME OF HUSBAND OR WIFE <u>R.D. (i.o.) Perkins</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lois Cummings, Kinloch, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES 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. <u>Polycystic Kidneys</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332x</u>						
20. AUTOPSY? YES <input checked="" 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				
22. I hereby certify that I attended the deceased from <u>9-11, 1956</u> , to <u>9-16, 1956</u> , that I last saw the deceased alive on <u>9-16, 1956</u> , and that death occurred <u>12:05 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Joseph E. Crank M.P.</u>				23b. ADDRESS <u>601 S. Brentwood, Clayton,</u>		23c. DATE SIGNED <u>9/17/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>20 Sept 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>Berkeley, Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-18-56</u>		REGISTRAR'S SIGNATURE <u>Debert A. Douke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bond Bros, Kinloch</u>		ADDRESS		

(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.....
Signature of Student Embalmer

Signed *Edward A. Flynn*.....

Licensed Embalmer No. *4444*.....

P. O. Address *St. Michaels, Md.*.....

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.