

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36031**
Registrar's No. **8590**

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 (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Donnan Phillips Hosp 221 S 3049th Easton				STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) (First) Virginia (Middle) Perino (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Apr 15 1956					
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 10 Dec 1913		
9. 48 (In year (Age at birth))		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY Pulverizer Co		11. BIRTHPLACE (City, town, or Foreign Country) Miss		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Vince Henry			13b. MOTHER'S MAIDEN NAME Viola		14. NAME OF HUSBAND OR WIFE Percy Perino			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-28-4758		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Percy Perino 3049A Easton				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Failure DUE TO (c) Rheumatic heart disease				INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 1 yr. 5 yrs.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 416X				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) _____				
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 8/15, 1955 , to 8/30, 1956 that I last saw the deceased alive on 9/15, 1956 , and that death occurred at 4:20 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) William M.D.				23b. ADDRESS 6701 A St. Louis		23c. DATE SIGNED 9/17/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 20 Sept 56		24c. NAME OF CEMETERY OR CREMATORY Father Anton		24d. LOCATION (City, town, or county) (State) St Louis Co. Mo.		
DATE REC'D BY LOCAL REG. SEP 18 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Reliable Funeral Svc 1389 Union			

WRITE PLAINLY—USING UNFADEING 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 *Paul V. Freeman*

Licensed Embalmer No. *468*

P. O. Address *4729 Han*

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.