

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36578**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2452**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY (If not in city or town, give name of RURAL and give town) Richmond Heights	c. LENGTH OF STAY (in this place) 2 weeks	c. CITY OR TOWN East 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 St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 1303 Baugh	

3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Perkins c. (Last) Perkins			4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1956		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 30, 1881		9. AGE (In years last birthday) 75 if UNDER 1 YEAR Months 6 if UNDER 2 HRS. Days 18 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Patterson Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Richard Bugg		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE UNKNOWN	
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. None		17. INFORMANT'S SIGNATURE OR NAME Eula Liller ADDRESS E. St. Louis, Ill	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo Cardial infarction due coronary occlusion		
	ANTECEDENT CAUSES DUE TO (b) Diabetic mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260X			

19a. DATE OF OPERATION 28 Sept 56		19b. MAJOR FINDINGS OF OPERATION amp left leg for diabetic gangrene		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) m.		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 **Apr 19 54**, 19 **54**, to **18 Oct**, 19 **56**, that I last saw the deceased alive on **17 Oct**, 19 **56**, and that death occurred at **3:30 p.** m., from the causes and on the date stated above.

23. SIGNATURE Margaret Newark Allen (Degree or title)		23b. ADDRESS 4660 Maryland St. L., Mo.		23c. DATE SIGNED 10-18-56	
24b. DATE Oct. 21, 1956		24c. NAME OF CEMETERY OR CREMATORY Patterson		24d. LOCATION (City, town, or county) (State) Patterson, Mo.	

DATE REC'D BY LOCAL REG. 10-18-56		REGISTRAR'S SIGNATURE Heberl B. Somber		25. FUNERAL DIRECTOR'S SIGNATURE Francis J. Fahey ADDRESS Madison, Illinois	
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(Licensed Embalmer's Placement on Reverse Side)

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

DEC 21 1956

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 *Francis J. Lehey*

Licensed Embalmer No. *2792*

P. O. Address *Madison*

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.