Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10867
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2715

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Johns — Length of stay in 1b: 1 day
d. STREET ADDRESS (If outside, give location): 5012 Minerva — Reside on Farm Yes ☐ No ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ✓ No ☐

3. NAME OF DECEASED (Type or print): First Bertha Middle Perry Last
4. DATE OF DEATH: Month 3 Day 16 Year 57
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4/6/1885
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: James Perry
14. MOTHER'S MAIDEN NAME: Bridget King
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Miss L. Perry — Address: 5012 Minerva

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Vascular Heart disease — years
DUE TO (c): Myocardial Decompensation — one year +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from October 1 24/56, to 3/16-57 and last saw her/him alive on 3/16-57
Death occurred at 8:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. P. Munsch (Degree or title) M.D. 0
22b. ADDRESS: 306 Humboldt Bldg
22c. DATE SIGNED: 3/19/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/20/57
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR: Jas. A. Howard — ADDRESS: 1619 So. Grand
25. DATE RECD. BY LOCAL REG.: MAR 19 '57
26. REGISTRAR'S SIGNATURE: J. Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmer H. Remelius

Licensed Embalmer No. 428

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.