

FILED MAY 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15137

State File No.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

4239

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				c. LENGTH OF STAY (in this place) 40		c. CITY OR TOWN 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 Peoples Hospital				e. STREET ADDRESS (If rural, give location) 3826 St. Louis Ave.					
3. NAME OF DECEASED (Type or Print)		a. (First) CLYDE		b. (Middle) B.		c. (Last) PERKINS		4. DATE OF DEATH (Month) (Day) (Year) Apr. 30 1957	
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 4, 1891		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY R.R. Freight		11. BIRTHPLACE (City and State or Foreign Country) Columbus, Miss.		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Louis Perkins			13b. MOTHER'S MAIDEN NAME Sarah Nolan			14. NAME OF HUSBAND OR WIFE Irene S. 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. 704-18-4793		17. INFORMANT'S SIGNATURE OR NAME Irene S. Perkins				ADDRESS 3826 St. Louis Ave.	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Carcinoma of the Liver Primary carcinoma of the liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 155x II. OTHER SIGNIFICANT CONDITIONS bilateral pyelonephritis Conditions contributing to the death but not related to the disease or condition causing death. Bilateral pyelonephritis						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION extensive involvement of liver by carcinoma. No other lesions found						20. AUTOPSY? 2 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) NO (COUNTY), (STATE)		21d. HOW DID INJURY OCCUR?			
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"/>							
22. I hereby certify that I attended the deceased from 4-1 , 19 57 , to 4/30 , 19 57 , that I last saw the deceased alive on 4/30 , 19 57 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Merle B. Herriford (Degree or title) Merle B. Herriford M.D.				23b. ADDRESS 918 N. Taylor				23c. DATE SIGNED 5-3-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 6, 1957		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. MAY 3 '57		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE J. H. RANDLE & SON		ADDRESS 3133 Bell Ave.			

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

(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ester K. Harris*.....

Licensed Embalmer No. *4458*.....

P. O. Address *4181 Wash*.....

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.