

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3435

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **951**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				Length of stay in 1b 5 Min.		d. STREET ADDRESS 2650 Eads	
3. NAME OF DECEASED (Type or print) First Darrell Middle Wayne Last Perry				4. DATE OF DEATH Month Jan. Day 25 Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 6, 1952	
9. AGE (In years last birthday) 5		IF UNDER 1 YEAR Months 5 Days 5 Hours 5 Mins. 5		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Gilbert Bob Perry				14. MOTHER'S MAIDEN NAME Velma Cash			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Gilbert B. Perry Address 2650 Eads St. Louis, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Skull; Brain Injury. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Brain Injury. DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Suffered when struck by car operated by one Perry of Texas on alley near 1611 Texas about 105 pm., Jan 25, 1958.							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. TIME OF INJURY 105 p.m. 1 25 58		20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 23 Alley			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION St. Louis Mo		20f. COUNTY STATE			
21. I attended the deceased from 1201 P to 1201 P and last saw her/him alive on 1201 P on the date stated above; and to the best of my knowledge, from the causes stated.							22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner
22b. ADDRESS 1300 Clark				22c. DATE SIGNED JAN 20 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/28/58		23c. NAME OF CEMETERY OR CREMATORY Leadwood Cemetery		23d. LOCATION (City, town, or county) (State) Leadwood, Missouri	
24. FUNERAL DIRECTOR Bert L. Boyer Leadwood, Mo.				25. DATE RECD. BY LOCAL REG. JAN 27 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith Mo	

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 *William E. Bayne*.....

Licensed Embalmer No. *47*

P. O. Address *Leedswood*

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