

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016296

STATE FILE NUMBER

3886

FILED APR 18 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3886

|   |                           |   |  |   |  |  |  |   |
|---|---------------------------|---|--|---|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                           |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY |  |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>St. Louis, Mo.   |                           |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         |   | c. CITY OR TOWN<br>St. Louis   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR AMBULANCE HOME OF NO. INSTITUTION<br>0/ Masonic Home of Mo.   |                           |   |  | Length of stay in lb<br>4 Years   |  | d. STREET ADDRESS (If outside, give location)<br>Masonic Home of Mo. |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Albert J Perreault  |                           |   |  | 4. DATE OF DEATH<br>Month Day Year<br>April 5, 1958   |  |  |  |   |
| 5. SEX<br>Male <input checked="" type="checkbox"/>  | 6. COLOR OR RACE<br>White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br>12/25/74  |  | 9. AGE (In years last birthday)<br>83                                |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Stationary Fireman   |                           |   | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and state or country)<br>Cleveland, Ohio        |  | 12. CITIZEN OF WHAT COUNTRY?<br>USA  |   |
| 13. FATHER'S NAME<br>Peter Perreault  |                           |   |  | 14. MOTHER'S MAIDEN NAME<br>Unknown   |  |  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |                           |   | 16. SOCIAL SECURITY NO.<br>492-09-7284   |   | 17. INFORMANT Address<br>Masonic Home of Missouri<br>5381 Delmar Bl. |  |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Coronary Thrombosis<br><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) 420.1<br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |                           |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>1 Hour   |   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                           |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |  |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.   |                           |   |  |   |  |  |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           | 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 5:15 1958 to 4/5/58 and last saw her alive on 4/5/58<br>Death occurred at 5:15 p. m on the date stated above; and to the best of my knowledge, from the causes stated.   |                           |   |  |   |  |  |  |   |
| 22a. SIGNATURE (Degree or title)<br>Harold E. Walters M.D.  |                           |   |  | 22b. ADDRESS<br>3720 Washington St. Louis Mo  |  | 22c. DATE SIGNED<br>4/6-58   |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Cremation  |                           | 23b. DATE<br>April 8, 1958  | 23c. NAME OF CEMETERY OR CREMATORY<br>Mo. Crematory  |   | 23d. LOCATION (City, town, or county)<br>St. Louis, Mo.              |  | (State)  |   |
| 24. FUNERAL DIRECTOR<br>Witt Bros. L.&U. Co. 8929 S. Jefferson  |                           |   |  | ADDRESS   |  | 25. DATE RECD. BY LOCAL REG.<br>APR 8 '58                            | 26. REGISTRAR'S SIGNATURE<br>J. Carl Smith, M.D.<br>M. J. B.                         |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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Health, Welfare  
Public  
Service

x

of the body of the deceased

1918

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..... Harold C. Witt

Licensed Embalmer No. 435

P. O. Address 2727 S. J.

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.