

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003370

STATE FILE NUMBER

2 618

FILED FEB 4 1959

Registration District No. Primary Registration District No.

Registrar's No.

300  
1-57  
28  
122

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis 212<sup>o</sup></i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Homer G. Phillips</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>5018 Kensington</i>
3. NAME OF DECEASED (Type or print) First <i>Lillian</i> Middle Last <i>Perry</i>		4. DATE OF DEATH Month <i>1-</i> Day <i>16-</i> Year <i>59</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-3-1897</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <i>61</i> IF UNDER 24 HRS.: Days <i>61</i> Hours <i>61</i> Min.
11. BIRTHPLACE (City and state or county) <i>St. Louis Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>William Cable</i>		13b. MOTHER'S MAIDEN NAME <i>Unk-</i>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT <i>Helen Jones</i> Address <i>5018 Kensington</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>2<sup>o</sup> and 3<sup>o</sup> burns of 30% of body</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>E 916.0</i> DUE TO (c) <i>16</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Enter only those conditions which could be given in PART I (a)) <i>deceased when alone in house and caught fire while standing at gas stove in house on February 26, 1958.</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <i>while standing at gas stove in house on February 26, 1958.</i>		
20c. TIME OF INJURY Hour <i>?</i> Month, Day, Year a.m. <i>11 26 58</i> 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, street, office bldg., etc.) <i>17<sup>th</sup> Home</i>		20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo</i>	
21. I attended the deceased from <i>955A</i> to <i>her</i> and last saw her alive on <i>1-19-59</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Patrick Taylor Carver</i> (Degree, title)		22b. ADDRESS <i>1500 Clark</i>	22c. DATE SIGNED <i>1. 19. 59.</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>1-23-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>
24. FUNERAL DIRECTOR <i>Manuel Und. Co. 1711 N. Taylor</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>JAN 19 59</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, coronar, etc. must use only standard nomenclature in item 18. No symptoms with or without. All diseases in Part I must be causally related.

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 *W. Claude Guro*

Licensed Embalmer No. *3487*  
P. O. Address *4575 Blvd*

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.