

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1959

59-011274
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2551**

300
1-57

S
00

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Barnhart		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rena Middle Beverly Last Perry			4. DATE OF DEATH Month March Day 11 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 18, 1922	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Post Office	11. BIRTHPLACE (City and state or country) Humboldt, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Darrell Simmons		13b. MOTHER'S MAIDEN NAME Merle McKittrick		14. NAME OF HUSBAND OR WIFE Paul O. Perry	
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. 481-18-4548		17. INFORMANT Paul Perry, Barnhart, 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) Uremia				INTERVAL BETWEEN ONSET AND DEATH 20 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic glomerulo nephritis				7 yrs	
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592x				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 Feb 21, 1959 to Mar 11, 1959 and last saw her alive on 3/11/59 Death occurred at 9:30 am m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Edw. W. Gubinski M.D.		22b. ADDRESS 3701 Grand St		22c. DATE SIGNED 3/12/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-14-59		23c. NAME OF CEMETERY OR CREMATORY Crosstown Cemetery	
				23d. LOCATION (City, town, or county) (State) Crosstown, Mo.	
24. FUNERAL DIRECTOR Heiligtag Funeral Home, Imperial, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. MAR 12 59	
				26. REGISTRAR'S SIGNATURE Roan Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 30 1955

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, Mo.*

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.