

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

709

Registration District No. 791

Primary Registration District No. 1000

Registrar's No. 528

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Elmer Albert Perkins

3. (b) If veteran, name war No
3. (c) Social Security No. 202-14-4774

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 24 1876
(Month) (Day) (Year)

8. AGE: Years 76.5 Months 5 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Labadie Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Section Laborer

11. Industry or business Mo. Pacific R. R.

12. Name Dabney Perkins

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Hinkle

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. A. Perkins

(b) Address Tipton, Mo.

17. (a) Removal (b) Date thereof 1-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JAN 17 1942 (b) J. F. Buderer
(Date received for local use) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Tipton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 16
year 1942 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from DEC 23, 1941 to JAN 16, 1942
that I last saw him alive on JAN 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Cardiac decompensation
Duration 11 hours

Due to _____

Due to _____

Other conditions Prostate hypertrophy
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address 1755 So. Grand Date signed 1-16-42

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

000
199

MAR 7 1942

MAR 19 1942

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *George Wilkinson*

Licensed Embalmer No. 3575

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.