

REC'D APR 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH8966  
Do not use this space.  
2731

## 1. PLACE OF DEATH

(a) County..... Registration District No. 791  
 (b) Township..... Primary Registration District No. 1003  
 (c) City ST. LOUIS, MO. (d) Street No. BARNES HOSPITAL St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

PURDY, LYDIA SABYANIA  
 (a) Residence, No. 2007 ALICE CITY St. 9  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence R. Purdy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 4 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At. Home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo 0

FATHER 13. NAME Eugene Perlow 7  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 0

MOTHER 15. MAIDEN NAME Mary Kneimeyer  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Clarence R. Purdy  
 (ADDRESS) 2007 Alice Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Mar. 24, 1939

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son  
 (ADDRESS) 2161 East Fair Avenue

20. FILED MAR 23 1939  
J. B. Beck (Local Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1939, to 3-21, 1939

I last saw h. E.R. alive on 3-21, 1939. Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial heart disease  
Myocardial sclerosis  
Malignant lymphoma (?) with cancer in lymph nodes.  
 Other contributory causes of importance:  
Arteriosclerosis  
Rehabilitation

Name of operation..... Date of.....  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) F. R. Bradley, M.D.  
 (Address) BARNES HOSPITAL

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**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 *Ronald Hampton* .....

Licensed Embalmer No. *2967* .....

P. O. Address *241 E. Fair* .....

**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, above space should be left blank.**