

Registration District No. **791**

Primary Registration District No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Wisconsin (b) County _____
(c) City or town Madison **NR**
(If outside city or town limit, write "RURAL")
(d) Street No. 524 E. Gorham
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME HARRY EDWARD PORCELL M.D.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Susan Prendiville 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 7, 1872
(Month) (Day) (Year)

8. AGE: Years 62 67 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER { 12. Name Tim Purcell

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

14. Maiden name Catherine Whelan

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

16. (a) Informant Harry G. Purcell M.D.

(b) Address Firmin DesLoge Hospital

17. (a) Removal (b) Date thereof 3/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Wisconsin

18. (a) Signature of funeral director Thos J. Jensen

(b) Address 1519 S. Grand Blvd.

19. (a) MAR 10 1940 (b) J.P. [Signature]
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 10
year 1940 hour 2 minute 25 A. M.

21. I hereby certify that I attended the deceased from 3-7
1940, to 3-10, 1940

that I last saw him alive on 3-9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration ?

Due to Atheromatous changes
superimposed thrombosis
Due to _____

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____

Of autopsy Occlusion of Left Coronary artery

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

(a) Accident, suicide, or homicide (specify) no

(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 E. Lee Shearer (M. D. or other)
Address 5720 Washington Date signed 3/10/40

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

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

Thomas J. Finnan

Licensed Embalmer No.

1197

P. O. Address

13798 Grand Shore

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.