

DEC 22 1941

1003

9418

Registration District No. 701

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4754 Anderson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community About 50 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4754 Anderson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Purdy

3. (b) If veteran, name war None

3. (c) Social Security No. 494-10-3364

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced. Widow

6. (b) Name of husband or wife David Purdy

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased June 19, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 6 hr. min.

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

10. Usual occupation Film Inspector

11. Industry or business _____

12. Name Samuel Strider

13. Birthplace Jefferson Co Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Caroline R. Hulman

15. Birthplace Harpers Ferry W.V. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Leroy Purdy

(b) Address 4754 Anderson

17. (a) Burial (b) Date thereof Nov. 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peters Cemetery
Strook Carroll

18. (a) Signature of funeral director _____

(b) Address 4600 Natural Bridge

19. (a) NOV 27 1941
(Date received local registrar)

(b) J. F. Bredek
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1941 hour 10 minute 07 P.M.

21. I hereby certify that I attended the deceased from Nov 25
1941 to Nov 25 1941;
that I last saw her alive on Nov 25 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

myocardial insufficiency

Due to _____

Due to _____

Other conditions Cardiovascular
(Include pregnancy within 3 months of death) depression

Major findings: _____ PHYSICIAN _____

Of operations _____

Of autopsy NO
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 Brain

23. Signature Thermon Greuell or other _____

Address 4500 Olive Date signed 11/27/41

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

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K26390

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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 *Sheldon Collier*

Licensed Embalmer No. *3382*

P.O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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