S. No. 2
I—1-4-41
. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4830

Registration District No. FILED MAR 17 1941

Primary Registration District No. 100

Registrar's No. 1300

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

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3639 Juniata St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1600

(c) City or town St. Louis Mo (If outside city or town limits, write "RURAL")

(d) Street No. 3639 Juniata (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frederick R. Purdy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Nalatie

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 12-20-1882 (Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation Pattern Maker

11. Industry or business

FATHER
12. Name Geo Purdy
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Crain

(b) Address 3639 Juniata

17. (a) (Burial, cremation, or removal) (b) Date thereof 2-12-42 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematorie

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 632 So. Grand Blv.

19. (a) FEB 11 1942 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th year 1942 hour 9 minute 0 P M.

21. I hereby certify that I attended the deceased from Nov. 9th 1940 to Feb. 10 1942 that I last saw him alive on Feb. 10th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 None

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. H. Mayne (M. D. or other)

Address 3606 Gravois Date signed 2-11-42

(Licensed Embalmer's Statement on Reverse Side)

Dr Manzus
3606 Gravois
2.4

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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