

FILED MAY 1 1942
Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 3788

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 51 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME May Purcell

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

4. Sex 1 Female 5. Color of race white
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife J. W. Purcell 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased June 13, 1877 (Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Zuver
13. Birthplace Canton, Michigan (City, town, or county) (State or foreign country)
14. Maiden name Zuver
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Jennie A. Ward
(b) Address 5945 Theodosia Ave.

17. (a) Burial (b) Date thereof April 30, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Heber Springs Ark.

18. (a) Signature of funeral director Chas. A. Bull
(b) Address 4157 Washington Blvd.

19. (a) APR 28 1942 (Date received local registration) J. P. Budek (Registrar's signature)

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. 5945 Theodosia Ave. 9 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27, year 1942 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from March 7, 1941 to April 27, 1942 that I last saw her alive on April 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Psychosis - Cerebral arteriosclerosis months Duration

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy not obtained

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
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) (c) Means of injury 0

23. Signature J. H. Larley (M. D. or other) Address 1515 Lafayette Ave. Date signed 4/28/42

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

MOTHER {

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.....

John Letter

Licensed Embalmer No.....

3880

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.