U. S. No. 2
50M—5-42
Rev. 5-17-39
No. I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12649

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3191

1. PLACE OF DEATH:

(a) County
(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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 8 days (Specify whether years, months or days)
In this community 33 years

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 1111½ N. Leonard (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sherman Purcell

3. (b) If veteran, name war None

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Mattie Purcell

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

7. Birth date of deceased January 21, 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57		9	hr. min.

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

10. Usual occupation Moulder

11. Industry or business

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

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

16. (a) Informant David Purcell
(b) Address 3504a Laclede Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Avenue

19. (a) APR 5 1943 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1943 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from February 22, 1943 to March 30, 1943; that I last saw him alive on March 30, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Luetic Heart Disease	Unk.
Chr. Nephritis	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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
(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. E. Smith (M. D. or other)
Address 2601 Whittier Date signed 4/1/43

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 1173

P. O. Address 3517 Saclede Ave

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.