S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1945

State File No. 424930

Registration District No. 377 Primary Registration District No. 2002 Registrar's No. 2832

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 586 STRATFORD AVE.
(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 St Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 586 Stratford Ave. 5
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME MAY E PURCELL

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife THOMAS PURCELL 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased MARCH (Month) 17, (Day) 1878 (Year)

8. AGE: Years 67 Months 8 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Peter Erb
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country) 9

16. (a) Informant Thomas Purcell 1
(b) Address 586 Stratford U. City Mo

17. (a) Removal R.R. (Burial, cremation, or removal) (b) Date thereof Dec 16, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director Merck Bros
(b) Address 2201 S. Grand

19. (a) 12-17-45 (Date received local registrar) (b) E G McGarvan M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15-1945
year ..... hour ..... minute 7:30 P. M.

21. I hereby certify that I attended the deceased from Dec 14, 1945 to Dec 15, 1945
that I last saw her alive on Dec 15, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	36 hrs
Due to Arteriosclerotic Heart Disease	2 yrs
Due to 93A	
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 Ralph Kusella (M. D. or other)
Address 3320 Washington Date signed 12/15/45

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1946

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 Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address 42 Anchorage 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.