

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 27 1946
Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10644
Registrar's No. 650

Primary Registration District No. 3069

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7254 Lyndover
(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)

3. (a) PRINT FULL NAME Alice Pursley
3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 3 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 9
If less than one day _____ hr. _____ min.

9. Birthplace Franklin Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER { 12. Name Samuel Woodson Short

13. Birthplace Franklin Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Bay

15. Birthplace Franklin Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William Pursley

(b) Address 7254 Lyndover Ave. Maplewood

17. (a) Burial (b) Date thereof 3/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Jay B. Smith.
(b) Address 7456 Manchester, Maplewood Mo.

19. (a) 3-19-46 (b) E. M. Gehardt
(Date received local registrar) (Registrar's signature) MSA

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No. 7254 Lyndover 3
(If rural, give location):
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 12
year 1946 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from February 15th
1946 to March 12th 1946
that I last saw her alive on March 12th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia (Terminal)
Due to Emphysema 113 1 day
Due to Arterio-Sclerosis 5 yrs.

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Albert Beisbarth (M. D. or other) MD.
Address 3606 Garois Ave. Date signed 3/12/46

3000 Man
La Beershall
La 3037

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 3454

..... Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.