

FILED FEB 5 1947

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

2162

Registration District No. 316

Primary Registration District No. 3058

Registrar's No. 10

1. PLACE OF DEATH: St Charles

(a) County: St Charles
 (b) City or town: St Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1532 West Thompkins
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 59 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Ella Purgahn

3. (b) If veteran, name war: None
 3. (c) Social Security No.: None

4. Sex: F
 5. Color or race: W
 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife: Oscar Purgahn
 6. (c) Age of husband or wife if alive: 30 years

7. Birth date of deceased: January 30 1874
 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 2
 If less than one day hr. min.

9. Birthplace: Red Oak Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: UnknOWN

12. Name: UnknOWN

13. Birthplace: Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Ruth Nott

(b) Address: 1532 W. Thompkins

17. (a) Burial (b) Date thereof: Jan 5 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Cemetery

18. (a) Signature of funeral director: [Signature]
 Address: St Charles Mo.

(b) Address: 1-31-47

19. (a) [Signature] (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St Charles 92
 (c) City or town: St Charles 9
 1532 W Thompkins (If outside city or town limits, write "RURAL") 3
 (d) Street No. 0
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from 5-16 45, to 1-2-47 19.
 that I last saw him alive on 1-2-47 19.
 and that death occurred on the date and hour stated above.

Immediate cause of death: Paroxysms of Stomach? Chronic Cardiac Decompensation

Due to: (Medical) Rheumatism at Onset

Due to:

Other conditions: None
 (Include pregnancy within 3 months of death)

Major findings: Of operations: [Signature] Of autopsy: [Signature]

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: [Signature]

23. Signature: R. O. Hayden, M.D. (M. D. or other)
 Address: 2162 N. Main St. Date signed: 1/15/47

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

2
9
0

Date Filed 2-4-47
District File Number _____
District Health Officer No. 9

RECEIVED

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 Arthur C. Bane
Licensed Embalmer No. 3157
P. O. Address St Charles 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.