

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42871**
10594

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1000** Registrar's No. _____

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Carrie Elligon Gettner Hn. | | d. STREET ADDRESS (If rural, give location) 5000 S. Broadway | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lena | | b. (Middle) _____ c. (Last) Purnhagen | |
| 4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1949 | | 5. SEX Female | |
| 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | |
| 8. DATE OF BIRTH Nov. 1, 1873 | | 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 1 Days 7 IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | |
| 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Clemens Baer | | 13b. MOTHER'S MAIDEN NAME Gertrude Ruck | |
| 14. NAME OF HUSBAND OR WIFE Joseph Purnhagen | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | |
| 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Susie Hoffman, 733 Zeiss | |
| 18. NO. OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 19a. DATE OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 102 | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? HIT BY | |
| 22. I hereby certify that I attended the deceased from June 6, 1947 , to Dec 8, 1949 , that I last saw the deceased alive on Dec 8, 1949 , and that death occurred at 2:00 p.m.; from the causes and on the date stated above. | | | |
| 23a. SIGNATURE L. O. Scherubard, M.D. | | 23b. ADDRESS 5000 S. Broadway | |
| 23c. DATE SIGNED 12-12-49 | | 23d. LOCATION (City, town, or county) (State) Gravois Rd. Affton, Mo. | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 12-12-49 | |
| 24c. NAME OF CEMETERY OR CREMATORY Sun Set Burial Park | | 24d. LOCATION (City, town, or county) (State) Gravois Rd. Affton, Mo. | |
| DATE RECD BY LOCAL REG. DEC 27 1949 | | REGISTRAR'S SIGNATURE J. B. Pasater | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co., 7420 Michigan | | ADDRESS | |

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *W. Emmons*

Licensed Embalmer No. *3360*

P. O. Address *Haus No.*

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.