

FILED JUL 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 25556
Registrar's No. 1671

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY St. Louis Co.,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis Co.,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkeley City,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkeley City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5242 Eltha Ave.,		d. STREET ADDRESS (If rural, give location) 5242 Eltha Ave.,	
3. NAME OF DECEASED (Type or Print) a. (First) MARION b. (Middle) LEE c. (Last) PURL.		4. DATE OF DEATH (Month) (Day) (Year) July 9, 1950.	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1903.
9. AGE (In years) 46 Months Days Hours Min.		11. BIRTHPLACE (State or foreign country) Mounthome, Ark.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Stationery	
11. CITIZEN OF WHAT COUNTRY? U.S.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Charles Purl		13b. MOTHER'S MAIDEN NAME Abby Pruitt	
14. NAME OF HUSBAND OR WIFE Anna Mae Purl		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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Mae Purl, 5242 Eltha Ave.,	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>8:15 AM TO 7:45 PM</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chr. mife. cardiac</u> 1948. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> 1948.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u> 420.1	
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) _____	
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? _____		22. I hereby certify that I attended the deceased from <u>8/15/47</u> to <u>7-9-1950</u> , that I last saw the deceased alive on <u>7-9-1950</u> , and that death occurred at <u>7:45 A.M.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>Roy Johnson M.D.</u> (Degree or title)		23b. ADDRESS <u>Jerusalem, Mo.</u>	
23c. DATE SIGNED <u>7/10/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July 11, 1950		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.,	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>	
DATE REC'D BY LOCAL REG. 7-10-50		REGISTRAR'S SIGNATURE <u>Herbert R. Double</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>		ADDRESS 1125 Hodiament Ave.,	

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

Dr. Roy Johnson,
Ferguson, Mo.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Elmo R. Padwell

Signed.....

Student Embalmer

Licensed Embalmer No. 4077

P. O. Address St. Louis, 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.