

S. No. 300
V. 10.48

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11027

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6676 Registrar's No. 817

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Wellston		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Wellston	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6143 Bertha Ave		d. STREET/ ADDRESS 6143 Bertha Ave			

3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) John			c. (Last) Purl			4. DATE OF DEATH (Month) (Day) (Year) March 28 1951		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 24 1895		9. AGE (In years last birthday) 55		IF OTHER: YEAR Months Days		IF OTHER: HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoisting Engineer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Versailles Mo.				12. CITIZEN OF WHAT COUNTRY U.S.			
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13a. FATHER'S NAME Charles W. Purl				13b. MOTHER'S MAIDEN NAME Addie Pruitt				14. NAME OF HUSBAND OR WIFE Edna Purl			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. 488-01-8983				17. INFORMANT'S SIGNATURE OR NAME Edna Purl				ADDRESS 6143 Bertha Ave			
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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) CEREBRAL THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. POLYARTHRITIS												INTERVAL BETWEEN ONSET AND DEATH 1 DAY	
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19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 420.1								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) (Sec)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from JAN 10, 1950, to MARCH 28, 1951, that I last saw the deceased alive on MAR 28, 1951, and that death occurred at 4:45 PM from the causes and on the date stated above.

23a. SIGNATURE Edna Purl (Degree or title) M.D.				23b. ADDRESS 1194 Hodiamont				23c. DATE SIGNED 3-28-51			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 31 1951		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
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DATE REC'D BY LOCAL REG. 3/29/51		REGISTRAR'S SIGNATURE Robert R. Donke M.D.				FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark				ADDRESS 1125 Hodiamont Ave			
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer to _____

Signed [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 2649

P. O. Address [Signature]

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.