

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3630

FILED JAN 23 1953

State File No. \_\_\_\_\_  
Registrar's No. 0338

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary Hospital</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2179</u>	
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle)		c. (Last) <u>PURCELL</u>	
4. DATE OF DEATH (Month) <u>1</u> (Day) <u>11</u> (Year) <u>1953</u>		d. STREET ADDRESS (If rural, give location) <u>4206 Shaw Blvd.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>94</u>
9. AGE (In years last birthday) <u>94</u>		10. MONTHS <u>1</u> DAYS <u>11</u> HOURS <u>11</u> MINS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Thomas Brennan</u>		13b. MOTHER'S MAIDEN NAME <u>Bridgett Dooley</u>	
14. NAME OF HUSBAND OR WIFE <u>Widow</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>City Infirmary- 5800 Arsenal St.</u>		ADDRESS	
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>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c)	
INTERVAL BETWEEN ONSET AND DEATH <u>6yrs?</u> <u>15yrs?</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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)			
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? <u>4200</u>			
22. I hereby certify that I attended the deceased from <u>Jan. 30,</u> 19 <u>52,</u> to <u>Jan. 11,</u> 19 <u>53,</u> that I last saw the deceased alive on <u>Jan. 11,</u> 19 <u>53,</u> and that death occurred at <u>5:30 P. m.,</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>M. G. Goehausen M.D.</u>		23b. ADDRESS <u>5600 Arsenal St.</u>	
23c. DATE SIGNED <u>1/12/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/13/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 13 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan's</u>		ADDRESS <u>2849 N. Euclid Ave.</u>	

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 *Robert L. Pinkina*

Licensed Embalmer No. *3553*

P. O. Address \_\_\_\_\_

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.