

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5834

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) 7 Yrs 11 Mo
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital e. STREET ADDRESS (If rural, give location) 13 5800 Arsenal Street. 2129

3. NAME OF DECEASED a. (First) Theresa b. (Middle) Purcell c. (Last) Purcell 4. DATE OF DEATH (Month) (Day) (Year) June 28- 54

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Jan. 23, 1878 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Thos. Purcell 13b. MOTHER'S MAIDEN NAME ROSE Ann Byrne 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or date of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Thomas Purcell 4405 W. Pine Bl., ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure with INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dilatation Aggravated by HEAT DUE TO (c) Heart Exhaustion 24 Hrs.

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 NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE 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) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? E9317

22. I hereby certify that I attended the deceased from July 23, 19 46, to June 28, 19 54, that I last saw the deceased alive on June 28, 19 54, and that death occurred at 10:00 A.M. from the causes and on the date stated above. HCO

23a. SIGNATURE (Degree or title) Helen Rebecca Purcell M.D. 23b. ADDRESS 5800 Arsenal St. 23c. DATE SIGNED 6-28-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE June 30-54. 24c. NAME OF CEMETERY OR CREMATORY Calvary Cem., 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JUN 29 1954 REGISTRAR'S SIGNATURE J. Earl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.,

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....
3749

Licensed Embalmer No.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.