

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **25208**  
 Registrar's No. **6132**

FILED JUL 20 1956

318

1003

BIRTH NO. **34459-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>19 hrs. 25 mins</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		e. STREET ADDRESS (If rural, give location) <b>2/ 1011 N. Compton</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Irine</b> b. (Middle) c. (Last) <b>Purley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 26 56</b>		
5. SEX <b>Fem.</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input type="checkbox"/>	8. DATE OF BIRTH <b>5-25-56</b>	9. AGE (In years last birthday) <b>19</b>	IF UNDER 1 YEAR Months <b>25</b>
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) <b>Missouri</b>	
12. CITIZENSHIP OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Miles Purley</b>		13b. MOTHER'S MAIDEN NAME <b>Gloria Perkins</b>	
14. NAME OF HUSBAND OR WIFE		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 <i>Mrs. Mary D. Jett, R.R. 2</i>		18. ADDRESS <b>2601N. Whittier</b>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature birth, neonatal death</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>773.5</b>		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 <b>5-25</b> , 19 <b>56</b> to <b>5-26</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>5-26</b> , 19 <b>56</b> , and that death occurred at <b>5:50p</b> m., from the causes and on the date stated above.					
23. SIGNATURE (Degree or title) <i>William J. Simbler M. D.</i>		23b. ADDRESS <b>2601N. Whittier</b>		23c. DATE SIGNED <b>6-20-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>6-30-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. SIGNATURE OF LICENSED EMBALMER <i>Howard Alexander Montgomery</i> 4104 Manchester Ave. St. Louis 10, Mo.			
DATE REC'D BY LOCAL REG. <b>JUN 29 1956</b>		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		ADDRESS	

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

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**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.....

Licensed Embalmer No.....

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