Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031301
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2267

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Richmond Heights — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hosp. — Length of stay in 1b: 3 ~~30~~ min.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Richmond Heights — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 7349 Ethel Ave. — Reside on Farm: Yes [ ] No [X]

4485

3. NAME OF DECEASED (Type or print): First: MARY Middle: H. Last: PURMORT

4. DATE OF DEATH: Month: Aug. Day: 29th Year: 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]
8. DATE OF BIRTH: May 5th 1871
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months: 3 Days: 24 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School Teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Memphis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: William Wallace Purmort
13b. MOTHER'S MAIDEN NAME: Emalide Clark
14. NAME OF HUSBAND OR WIFE: Single
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: James Purmort Address: 7349 Ethel Ave.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH: 7
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 170X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Herbert R. Domke M.D. Coroner
Herbert R. Domke, M.D., Local Registrar
22b. ADDRESS: 651 S. Brentwood, Clayton, Mo.
22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Sept.1,1958
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
23d. LOCATION (City, town, or county) (State): Memphis, Mo.

24. FUNERAL DIRECTOR ADDRESS: A. H. Bocklage 6536 Clayton Rd.
25. DATE RECD. BY LOCAL REG.: 9-2-58
26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 Stanley H. Sipson

Licensed Embalmer No. 4193

P. O. Address S.L.

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.