

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004635

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 89

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

VS 300
Rev. 4/59

1 4043

2 24043

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11 1290-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 25 1963

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, give TOWNSHIP only) OR TOWN Wellston		Length of stay in lb 65 years	c. CITY OR TOWN Wellston Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6226 Ella Avenue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6226 Ella Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ROBERT C. PURVIANCE, Sr.			4. DATE OF DEATH Month January Day 8 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 19, 1873
9. AGE (last birthday) 89 years		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist		10b. KIND OF BUSINESS OR INDUSTRY Ballard Chemical Co.	11. BIRTHPLACE (City and state or country) Troy, Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Thomas J. Purviance	
13b. MOTHER'S MAIDEN NAME Margaret Crawford		14. NAME OF HUSBAND OR WIFE Clara Purviance (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO. <input type="checkbox"/>	
17. INFORMANT Earl R. Purviance, 6226 Ella Avenue		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Virus Pneumoniae			INTERVAL BETWEEN ONSET AND DEATH 8 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Upper Resp Infection			4 days
DUE TO (c) General Debility			3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Accident - Suicide - Homicide	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 July 3 - 1938 to 1-8-63 and last saw him alive on 1-8-63 . Death occurred at 4:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Leo Keilly M.D.		22b. ADDRESS 730 Hodiarnont	
22c. DATE SIGNED 1-8-63		22d. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
22e. LOCATION (City, town, or county) (State) St. Louis County, Missouri		22f. DATE RECD. BY LOCAL REG. 1-10-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-11-63	
24. FUNERAL DIRECTOR Kriegshauser West, 9450 Olive Blvd. (32)		25. REGISTRAR'S SIGNATURE John B. Murphy M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

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 William C. White

Licensed Embalmer No. 4291

P. O. Address 4228 Huntington

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.