

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

18543

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **5624**) **Easton Ave.** St. Ward)

File No.
 Registered No. **4898**

2. FULL NAME

(a) Residence. No. **5624 & Easton Ave.** St. **6** Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
 4. COLOR OR RACE **White**
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **the late Roseanna Purcell**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 2, 1845**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	82	4	7	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Retired**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Catcher**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

10. NAME OF FATHER **Patrick Purcell**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER **Ellen O'avanough**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

14. Miss **Teresa Purcell**
 (Address) **5624 & Easton Ave.**

15. **MAY -5 1928**
 REGD. REGISTRAR **W. C. Starnes**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 3rd 1928**

17. I HEREBY CERTIFY, That I attended deceased from **May 2nd 1928** to **May 2nd 1928**, that I last saw him alive on **May 3rd 1928**, and that death occurred, on the date stated above, at **12 noon** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
massive gangrene of foot due to Diabetes Mellitus
 59
 92H (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) **arterial insufficiency**
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **C. S. O'amer**, M. D.

May 1, 1928 (Address) **1316 A St. Louis**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cemetery** DATE OF BURIAL **May 7, 1928**

20. URDERTAKER **Jos. W. Clark** ADDRESS **1125 N. Hammond Ave.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

