

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City *St. Louis, Mo.* (No. *4600*) *Richard Pl. City, Mo.* Ward *7*

**27299**

File No. ....  
 Registered No. **7540**

**2. FULL NAME**

(a) Residence, No. *4600 Richard Pl.* Ward. *7*

(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) *Single*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *none*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *abt 67*

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Tobacco Worker*  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation *Life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Missouri*

MOTHER FATHER  
 13. NAME *Richard Purdy*

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

15. MAIDEN NAME *Mary Little*

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

17. INFORMANT (ADDRESS) *Mrs. R. Keating 4600 Richard Pl.*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Catholic July 26 30*

19. UNDERTAKER (ADDRESS) *Senselbeck & Neuman 4337 Bredeck*

20. FILED *JUL 26 19* Registrar. *7/26/34*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 25 34*

22. I HEREBY CERTIFY, That I attended deceased from *24* 19... to 19... *Physician in attendance*

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *6:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*191 Excessing Heat*

Other contributory causes of importance *MI*

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) *Karaga Purdy* (Address) *Dep 907*

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. AUG 15 1934

Carover