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.

OCT 5 1936

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

Do not use this space.

33175

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5050A Winona Ave. St. ..... Ward)

File No. .....

Registered No. 9078

2. FULL NAME Ernest E. Purkapill

(a) Residence, No. 5050A Winona Ave. St., 14 Ward. 14
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie Purkapill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Petersburg Illinois

FATHER

13. NAME Frank Purkapill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Petersburg Illinois

MOTHER

15. MAIDEN NAME Ella Carmine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Petersburg Illinois

17. INFORMANT (ADDRESS) Mrs. Mamie Purkapill 5050A WinonaAve.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cem. DATE 9-3, 1936

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED SEP 1 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936 to Aug-31, 1936

I last saw him alive on Aug-31, 1936 Death is said to have occurred on the date stated above, at 11-20 a.m.

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

Angina Pectoris

Date of onset

Other contributory causes of importance: Myocarditis (Chronic)

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

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? No

If so, specify .....

(Signed) J. S. Shutz, M. D.

(Address) 2500 S. Kingshighway Bl.

Mr J. S. Sh[illegible]