

REC'D FEB 10 1939

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

360
Do not use this space.

1. PLACE OF DEATH

- (a) County..... / Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) or City St. Louis (d) Street No. City Hospital No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

- (a) Residence, No. 1028 a Hamilton St. 5
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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

UNKNOWN

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

April 14, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

72827

- OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
 9. Industry or business in which work was done, as saw mill, bank, etc. nil
 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)

Missouri13. NAME Elliott? Purvine

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

unknown15. MAIDEN NAME unknown

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

unknown

17. INFORMANT (ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Jan 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Geo. L. Pleitsch
5966 Easton Avenue

20. FILE JAN 11 1939

J. F. [Signature]
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/10/39 19

22. I HEREBY CERTIFY, That I attended deceased from 12/9/38, 19 to 1/10/39, 19.....

I last saw h her live on 1/10/39, 19..... Death is said

to have occurred on the date stated above, at 4.10 pm

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

Carcinoma of rectum with metastases

Other contributory causes of importance:

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) Wm L Sellers, Jr., M. D.

(Address) City Hospital No. 1

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.....

David C Gibson....., Registered Apprentice No. *34524*
working under my personal supervision.

Signed..... *David C Gibson*

Licensed Embalmer No. *34524*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.