. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13224

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3426

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2937a Eads Ave 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2937 a Eads Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME William P. Purcell 624

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Purcell
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April (Month) 1 (Day) 1870 (Year)

8. AGE: Years 70 Months 0 Days 12 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tenn. (State or foreign country) 1
10. Usual occupation Letter Carrier
11. Industry or business 5
12. FATHER Name Unk Purcell 5
13. FATHER Birthplace (City, town, or county) Ireland (State or foreign country)
14. MOTHER Maiden name Unk Unk
15. MOTHER Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Katherine Purcell
(b) Address 2937a Eads Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3125 Lafayette
19. (a) APR 15 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day April year 1940 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Jan 4 1940 to April 13 1940 that I last saw him alive on April 11 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Arthritis
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 3157 Park Ave Date signed 4/15/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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