

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9053**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County ST LOUIS MO
(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution:
MO BAPTIST HOSP.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1316 BELT AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MADISON, LEA PURDOM

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-05-4515

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CATHERINE PURDOM 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased FEB 14 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace TEXAS
(City, town, or county) (State or foreign country)

10. Usual occupation DETECTIVE, FOREST PARK HOTEL

11. Industry or business _____

12. Name MADISON, PURDOM

13. Birthplace NY
(City, town, or county) (State or foreign country)

14. Maiden name MOLLIE FROST

15. Birthplace TEXAS
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Purdom
(b) Address 1316 BELT AVE

17. (a) BURIAL (b) Date thereof 11 5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director L. M. Muller
(b) Address 5165 DELMAR BLVD.

19. (a) NOV 4 1940 (b) _____
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 1940
year 1940 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from Oct. 31 1940, to Nov. 2 1940;
that I last saw him alive on Nov. 2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Auricular Fibrillations Duration 3 days

Due to Chronic Myocarditis ?

Due to _____

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

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ford H. King M.D. (M. D. or other) _____
Address 2249 St. Louis ave Date signed 11/2. 40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Howard G. Rowland

Licensed Embalmer No. *3114*

P. O. Address

St Louis, Mo

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, fact should be so stated above.