S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37467

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9740

1917

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

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: 6124 Wells Ave.,
(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 St. Louis

(c) City or town Burkley City, NR
(If outside city or town limits, write "RURAL")

(d) Street No. 5242 Eltha Ave.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Harold Lester Purl.

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 single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 19, 1924.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
16	0	6	hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation School-Boy 1

11. Industry or business

FATHER
12. Name Marion Lee Purl 0
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Mae Rodebush
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marion Lee Purl
(b) Address 5242 Eltha Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28/40.
(Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) NOV 27 1940 (Date received local registrar) (b) J. F. Bradbush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1940 hour 4.30 minute P.M. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide Poisoning suffered when deceased was found in filling station office at 6124 Wells Ave about 4.28 PM Nov. 25 1940

Due to Cause and manner of same could not be determined

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 178
Of autopsy 11

Duration

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) Open Verdict
(b) Date of occurrence Nov 25 1940
(c) Where did injury occur? Ethan Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, ~~in industrial place~~, in public place? Carbon Monoxide
(Specify type of place)
While at work? Mo (e) Means of injury Carbon Monoxide

23. Signature [signature] (M. D. or other)
Address [signature] Date signed 11/26/40

(Licensed Embalmer's Statement on Reverse Side)

City Coroner

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 A J Kelly

Licensed Embalmer No. 3225.

P. O. Address 1125 Hodiamont Ave.,

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.