No. 2
3-40
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K23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 5293

Registrar's No. 1541

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: Central Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Wellston NRO
(If outside city or town limits, write "RURAL")

(d) Street No. 6309 Isabella Ave. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 / years.

3. (a) PRINT FULL NAME Isabella J. Purves.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Purves.

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

7. Birth date of deceased October 11, 1867.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	4	3	hr. min.

9. Birthplace ? (City, town, or county) 4 Scotland. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name Peter Common.
13. Birthplace ? (City, town, or county) 4 Scotland (State or foreign country)

MOTHER
14. Maiden name Dont know.
15. Birthplace ? (City, town, or county) 4 Scotland. (State or foreign country)

16. (a) Informant Mrs. Janette Widaman.
(b) Address 6309 Isabella Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17, 1941. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetary.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) FEB 17 1941 (Date received local registrar) (b) J. M. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 th year 1941 hour 6 minute 10 p M.

21. I hereby certify that I attended the deceased from 2-11, 1941, to 2-14, 1941; that I last saw her alive on 2-14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction — Duration 6 days.

Due to Carcinoma of rectum

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations metastatic carcinoma

Of autopsy none

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 James W. Hicks (M. D. or other) P.O.
Address 6201 Lotus Ave Date signed 2-15-41.

(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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St Louis

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

If this body is not embalmed, fact should be so stated above.