

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5663

BUREAU OF THE CENSUS
FEB MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1911

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:
Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 mos 3 das
(Specify whether
In this community 2 years, 9 mos, 3 das
years, months or days)

3. (a) PRINT FULL NAME Roosevelt Purnell

3. (b) If veteran, name war Unk 3. (c) Social Security No. Unk

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Sep

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

7. Birth date of deceased February 6, 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>0</u>	<u>19</u>	hr. min.

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

10. Usual occupation Porter

11. Industry or business

MOTHER FATHER { 12. Name Perry Purnell

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

14. Maiden name Mary Scott

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

16. (a) Informant Florence A Spotts

(b) Address Homer Phillips Hospital 5-8-41

17. (a) Funeral (b) Date thereof 2-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation AL BEAL

18. (a) Signature of funeral director J. W. Breda

(b) FEB 26 1941 (c) J. W. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
(c) City or town St Louis 9 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2626a Franklin
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25
year 1941 hour 2:25 minute _____ P M.

21. I hereby certify that I attended the deceased from May 22, 1940, to February 25, 1941;
that I last saw him alive on February 25, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis
Tuberculous Spondylitis

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 10 3
Of autopsy _____

Duration 14 mos
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) (c) Means of injury 0

23. Signature C. Adleson (M. D. or other)
Address 2601 N Whittier Date signed 2/27/41

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.....

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, fact should be so stated above.