

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 0
Registrar's No. 2544

Registration District No. 784

Primary Registration District No. 115

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7462 Washington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7462 Washington Ave.
(If Rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ISABELLE MC NEILEY

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

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife T. C. 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased: 6 (Month) 10 (Day) 1860 (Year)

8. AGE: Years 82 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Chas. B. Purdin

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

14. Maiden name Lydia Ann (City, town, or county) Ky. (State or foreign country)

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

16. (a) Informant Corinne W. Ober

(b) Address 742 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar Blvd

19. (a) DEC 7 - 1942 (Date received local registrar) (b) E. J. McFarlan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4 year 1942 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from June 1 1942 to Dec 4 1942 that I last saw her alive on Dec 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (non-traumatic) Duration 5 da

Due to Arterio-sclerosis 10 y/10

Due to

Other conditions 83a1

(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 W. Ober (M. D. or other) MD

Address 402 Hunter St Date signed 12-5-42

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

96
5736

96
5736

Dr. Victor Kaffen 12 to 3 P. M.
Lester Bedig -
4500 Olive

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 Jos E McCulloch

Licensed Embalmer No. 2460

P. O. Address 6125 Delmar

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.