

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:
2348 Klemm St /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County..... 000
12
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL") 917
 (d) Street No. 2348 Klemm St
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Margaret D. Purcell

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day February
 year 1943 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from December 12, 1942, to Feb 2, 1943
 that I last saw her alive on Feb 2, 1943
 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Purcell

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 4 1875
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis with acute cardiac collapse Duration

Due to Chronic nephritis

Due to.....

Other conditions no pregnancy
(Include pregnancy within 5 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>10</u>	<u>29</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Lawrence Kickham

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

14. Maiden name Mary Dacey

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

Major findings: no operation

Of operations.....

Of autopsy no

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant John Purcell

(b) Address 2348 Klemm St

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Feb 5 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
3029 Lafayette Ave
FEB 3 1943

(b) Address.....

19. (a) J. Z. Budick
(Data received local registrar) (b) J. Z. Budick
(Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... no

(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. H. Clithers (M. D. or other) 0
 Address 906 Carlton Bldg Date signed 2-3-43
St Louis

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.....^{Re.}

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Francis J. Swann*

Licensed Embalmer No. *2245*

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.