

FILED JUL 26 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6281**

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:
6136 Crescent 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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6136 Crescent Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Frank Pursley

3. (b) If veteran, name war No. 3. (c) Social Security No. 493-05-4640

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Blanche Coggle 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased 9/21/80
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 27 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Carpenter

MOTHER FATHER { 12. Name John Pursley
13. Birthplace W. Va.
14. Maiden name Agnes Goodwin (State or foreign country)
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche Pursley
(b) Address 6136 Crescent Avenue

17. (a) Burial (b) Date thereof 7/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Robert J. Ambruster, Inc
(b) Address Clayton Rd. at Concordia Lane

19. (a) JUL 19 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1946 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept. 19 1944 to July 18 1946
that I last saw him alive on July 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum & Liver 2 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Colostomy 10/3/46

Of autopsy No autopsy

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) _____
(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? (c) Means of injury _____

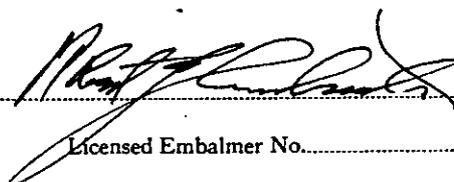
23. Signature J. N. Hamoloochy, M.D.
Address Arcade Bldg. Date signed 7/19/46

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

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.