No. 2
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-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

State File No. 3000

Registrar's No. 326

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 G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3504 a Laclede
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

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1817
9
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3. (a) PRINT FULL NAME Samella Purcell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 27 (Day) 1909 (Year)

8. AGE: Years 37 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation Cleaner

11. Industry or business

FATHER
12. Name Sam Watkins
13. Birthplace Ark. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dora
15. Birthplace Ga. (City, town, or county) (State or foreign country)

16. (a) Informant Herman Purcell
(b) Address 3504 Laclede ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director [illegible]
(b) Address 3517 Laclede ave

19. (a) JAN 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10 year 1947 hour 7 minute 30 a M.

21. I hereby certify that I attended the deceased from 1-2, 1947, to 1-10, 1947; that I last saw her alive on Jan. 10, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malignant Hypertension with Uremia	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

132

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 0

23. Signature E. B. Williams (M. D. or other)
Address 2601 N Whittier Date signed 1/10/47

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1175

P. O. Address 3517 Eastlake Ave

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.