

No. 2  
-12-45  
5-17-39  
I X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25959  
Registrar's No. 7094

Registration District No. 318 Primary Registration District No. 1003

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 12 days  
In this community Life  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Purnell, Jr  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased JUN 21 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 8 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Charles Purnell Sr.  
13. Birthplace UNK UNK.  
(City, town, or county) (State or foreign country)

14. Maiden name Magnolia Branley  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Magnolia Purnell  
(b) Address 2644 Lucas, Ave

17. (a) Burial (b) Date thereof July 31, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington PH

18. (a) Signature of funeral director English UND. CO  
(b) Address 2934 Lucas, Ave

19. (a) JUL 31 1947 (b) J. F. Brudwick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County o-c-o  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 2644 Lucas  
27 (If rural, give location) 9  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1947 hour 9 minute 40 A. M.

21. I hereby certify that I attended the deceased from July 17, 19 47 to July 29, 19 47  
that I last saw h. im alive on July 29, 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Diarrhea Duration Unk

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 0

23. Signature Dr. Bower (M. D.)  
Address 2601 N Whittier St Date signed 7.30.47

**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 *Burleson English*  
Licensed Embalmer No. *4208*  
P. O. Address *2931 Lucas 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.**