S. No. 2
—12-45
. 5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40084

Registrar's No. 10863

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: 2728 DAYTON 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)

In this community 15 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County OWO

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2728 DAYTON ST. 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HANNAH PURNELL

3. (b) If veteran, name war ~

3. (c) Social Security No. ~

4. Sex FEMALE

5. Color or race COLORED

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

6. (b) Name of husband or wife ALBERT PURNELL

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

7. Birth date of deceased MAY (Month) 31 (Day) 1874 (Year)

8. AGE: Years 73 Months 5 Days 10 If less than one day hr. min.

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

10. Usual occupation DOMESTIC

11. Industry or business

FATHER
12. Name BENJAMIN NEWMAN
13. Birthplace VAIDEN (City, town, or county) MISS (State or foreign country)

MOTHER
14. Maiden name ELLEN DAVIS
15. Birthplace VAIDEN (City, town, or county) MISS (State or foreign country)

16. (a) Informant CORNELIUS H. PURNELL
(b) Address 2728 DAYTON ST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cem.

18. (a) Signature of funeral director A. F. Walter
(b) Address 2707 Stoddard

19. (a) NOV 12 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 10 year 1947 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from NOV 1st 1947 to NOV 10th 1947 that I last saw her alive on NOV 9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Liver	2 yrs
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. S. Jaques (M. D. or other)

Address 30 S. Jefferson Date signed 11/12/47

(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 Arthur L. Heilleard

Licensed Embalmer No. 2221

P. O. Address 1154 Bayard a

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.