

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State No. 21634  
Registrar's No. 1443

FILED JUL 6 1948

Registration District No. 217

Primary Registration District No. 3062

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Ladue  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
14 Conway Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis 96  
(c) City or town Ladue 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 14 Conway Road 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Berenice Emily Purcell

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Francis Schmidt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 4 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
35 5 4 hr. min.

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

10. Usual occupation At Home (Artist)

11. Industry or business Advertising

MOTHER FATHER {  
12. Name Bernard Aloyaius Sherman Purcell  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Emily Almira Brown  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant B. A. Purcell, Jr.

(b) Address 105 N. Woodlawn Avenue, Kirkwood

17. (a) Burial (b) Date thereof 6/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Robert J. Ambruster Inc

(b) Address 6633 Clayton Road, St. Louis 17

19. (a) 6-9-48 (b) Carroll Shapiro  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8  
year 1948 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from 6-10-48  
June 19 47 to June 8, 19 48  
that I last saw her alive on June 7, 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease; infarct  
(Slight degeneration) 124 hr  
Duration \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. 32322)  
Address 1927a Union Blvd. Date signed 6/9/48

JUL 6 1946

**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 Ernest W. Spiller

Licensed Embalmer No. 14080

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**