

No. 300
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PI 3906

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

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

28117

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7495**

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: Barnes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether _____)
In this community 10 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 625 S. Skinker Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Roberta Purnell,

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 26, 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home.

11. Industry or business _____

12. Name Isaac Purnell,

13. Birthplace Maryland.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Marshall,

15. Birthplace Maryland.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Emma Purnell,

(b) Address 625 S. Skinker.

17. (a) removal (b) Date thereof 8/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Wagoner Mortuary.

(b) Address 4161 Lindell Blvd.

19. (a) AUG 27 1948 (b) J. F. Pridack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26,
year 1948 hour 12:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death 2d & 3d degree burns of feet, legs and buttocks, when she turned on the scalding water in bathtub, while taking a bath at her home on Aug. 6, 1948, about 10:35 A.M.
Due to _____
Duration _____

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

Major findings: 101
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) accident

(b) Date of occurrence Aug. 6, 1948

(c) Where of injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home 2

While at work NO (Specify type of place) _____
Means of injury see above

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 8/27/48

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.