FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 19 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38551

Registrar's No. 9699

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

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: Missouri Baptist Hospital
(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: 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County

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

(d) ~~Street~~ No. 410 DeBaliviere Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: MAX C. PURDOM

3. (b) If veteran, name war

3. (c) Social Security No. 515-03-0464

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Rose Robinson Purdom

6. (c) Age of husband or wife if alive: 39 years

7. Birth date of deceased: April (Month) 30 (Day) 1908 (Year)

8. AGE: Years 40 | Months 6 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace: Bronson (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Inspector

11. Industry or business: McDonnell Aircraft Corp.

FATHER
12. Name: John W. Purdom
13. Birthplace: Decatur (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Ressie McClimans
15. Birthplace: Barton County (City, town, or county) Kansas (State or foreign country)

16. (a) Informant: Mrs. Rose Purdom
(b) Address: 410 DeBaliviere Ave.

17. (a) Removal RAIL (Burial, cremation, or removal) (b) Date thereof: Nov. 8, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Mound, Kansas

18. (a) Signature of funeral director: Alexander Sons
(b) Address: 6175 Delmar Blvd., St. Louis, Mo.

19. (a) NOV 8 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th year 1948 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from October 18, 1948, to November 7, 1948, that I last saw him alive on November 6, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Cardiovascular Disease	10 mo
Due to: Incomplete Auricular Ventricular Block	?
Due to: Cortic Incompetency	6 mo
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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: [illegible] (M. D. or other)

Address: [illegible] Date signed: 11/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Gr P.S. Wenzel
462 N. Taylor
JE 2110 Off.
LU 6008 Mo Bap.
Wy 0578 Res.

1 To 5.

DEC 29 1948

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 Thomas R. Lenocek

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.