

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2153

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2153

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BRKS. MO.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO. 2079	
c. LENGTH OF STAY (in this place) 29		d. STREET ADDRESS (If rural, give location) 5315 EUCLID 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) PURTELL	b. (Middle) MICHAEL	c. (Last) F.	4. DATE OF DEATH (Month) (Day) (Year) 9-9-1950
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5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-10-79	9. AGE (In years last birthday) 71	# UNDER 1 YEAR Months 2	1 YEAR Days 21	# UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CONVENIENCE, IND. 1	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Michael Purtell	13b. MOTHER'S MAIDEN NAME Lenora O'Flarty	14. NAME OF HUSBAND OR WIFE DECEASED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 7-25-00 to 7-24-03	16. SOCIAL SECURITY NO. UNK	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) AORTIC STENOSIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS CARCINOMA OF PROSTATE Conditions contributing to the death but not related to the disease or condition causing death. BRONCHO PNEUMONIA		4211	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-11-50, 19, to 9-9, 1950, that I had examined the deceased after death and that death occurred at 9:00a. m., from the causes and on the date stated above.

23a. SIGNATURE M. D. [Signature]	23b. ADDRESS VAH JEFF BRKS., MO.	23c. DATE SIGNED 9/9/50
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE 9/10/50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St Louis County
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DATE REC'D BY LOCAL REG. 9-11-50	REGISTRAR'S SIGNATURE Herbert R. Donker	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Suburban Funeral Dir. 2849 N. Euclid.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo*

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.