

S. No. 300
v. 10/48

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3373
Registrar's No. 173

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

4000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OLIVETTE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OLIVETTE	
c. LENGTH OF STAY (in this place) 2 years		4380	
d. FULL NAME OF HOSPITAL OR INSTITUTION BONHOMME RESTORIUM.		d. STREET ADDRESS (If rural, give location) BONHO MME RESTORIUM.	

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) PURIVIANCE c. (Last) HILL.			4. DATE OF DEATH (Month) (Day) (Year) Jan. 19 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 7, 1864		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 YEAR: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY - - -	
11. BIRTHPLACE (State or foreign country) Troy, Illinois			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Thomas Purviance.		13b. MOTHER'S MAIDEN NAME Margaret Crawford.		14. NAME OF HUSBAND OR WIFE Elzey B. Hill.	
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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) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A.W. Altvater, St. Louis Co., Mo.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial infection					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4/2/22	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		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 _____, 1949, to 1/19, 1951, that I last saw the deceased alive on Jan 13 1951, and that death occurred at 5 P.m., from the causes and on the date stated above.

23a. SIGNATURE H.R. Purviance (Degree or title)		23b. ADDRESS 3903 Olive		23c. DATE SIGNED 1/20-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-22-1951		24c. NAME OF CEMETERY OR CREMATORY Bethlehem		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
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DATE REC'D BY LOCAL REG. 1/20/51		REGISTRAR'S SIGNATURE Herbert R. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons: 7233 Delmar Blvd.	
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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.

Student Embalmer No.

Signed Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. 3864

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.