No. 300
10.48

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31772

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8097

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 10/17/50 9/11/51
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2149
d. STREET ADDRESS (If rural, give location): 4992a Tholozan Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Roxie b. (Middle) Ann c. (Last) Purdy

4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct. 4, 1863

9. AGE (In years last birthday): 87 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Jess Martin

13b. MOTHER'S MAIDEN NAME: Elaine Culbertson

14. NAME OF HUSBAND OR WIFE: Late George Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 490-36-3472

17. INFORMANT'S SIGNATURE OR NAME: Mrs. A. H. Powers **ADDRESS**: 4992a Tholozan

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic Heart Disease — Years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* 7/15/51, 19__, *to* Sept. 11, 1951, *that I last saw the deceased alive on* 9-11, 1951, *and that death occurred at* 8:57 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George Esker M.D.

23b. ADDRESS: 5800 Arsenal Street

23c. DATE SIGNED: 9/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sep. 14, 1951

24c. NAME OF CEMETERY OR CREMATORY: Concordia Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: SEP 12 1951

REGISTRAR'S SIGNATURE: J. Carl Smith, MD

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Kriegshauser 4228 S. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Edwin D. McDermott

Licensed Embalmer No. 3074

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.