

STANDARD CERTIFICATE OF DEATH

3220

FILED FEB 8 1952

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1003

State File No.

0628

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u> <u>4.003</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda General Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>W. Big Bend Rd.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Barbara</u> c. (Last) <u>Purdue</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 19, 1952</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-28-1883</u>		
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> <u>10</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry Merritt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hanse</u>		14. NAME OF HUSBAND OR WIFE <u>J. H. Purdue (Divorced)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Harry Stathis 916S Kingshighway</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma to brain</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of breast</u> DUE TO (c) <u>Paralytic ileus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>uncertain</u> <u>uncertain</u> <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>170X</u>				
22. I hereby certify that I attended the deceased from <u>1/14</u> , 19 <u>52</u> to <u>1-19-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-19-</u> , 19 <u>52</u> , and that death occurred at <u>6:30 Pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Thomas W. Parker</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>4660 Mainland</u>			23c. DATE SIGNED <u>1/20/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/22/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>E. St Louis Ill.</u>		
DATE REC'D BY LOCAL <u>JAN 21 1952</u>		REGISTRAR'S SIGNATURE <u>Earl Smith</u> <u>MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert J. Ambruster, Inc. 6633 Clayton</u>			

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.

Student Embalmer No.....

Signed.....

Ernest W. Spillers

Signed.....

Student Embalmer

Licensed Embalmer No.....

4080

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.