

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3221
0222

FILED JAN 26 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis Mo.</i>		c. LENGTH OF STAY (in this place) <i>10</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>ANDRUESSER-Busch-Brown</i>		d. STREET ADDRESS (If rural, give location) <i>2130 1/2 Clay.</i>	
3. NAME OF DECEASED a. (First) <i>BERNARD.</i> b. (Middle) <i>GEO.</i> c. (Last) <i>PURK</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 8-1952</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (Specify) <i>MARRIED.</i>	8. DATE OF BIRTH <i>Oct. 30-1903</i>
9. AGE (in years) (Month) (Day) <i>48</i>		10. IF UNDER 1 YEAR (Specify) <i>2</i>	10. IF UNDER 100 HRS. (Specify) <i>29</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <i>Brewery Work</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Tobacco</i>	
11. BIRTHPLACE (State or foreign country) <i>St. Louis Mo D</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Henry Purk.</i>		13b. MOTHER'S MAIDEN NAME <i>Mary C. Kindbeiter</i>	
14. NAME OF HUSBAND OR WIFE <i>Cleo. E. Purk-</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Cleo E Purk</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <i>Coronary Thrombosis</i> 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>2:15 PM</i> from the causes and on the date stated above.		22. HOW DID INJURY OCCUR? <i>H20!</i>	
23a. SIGNATURE (Degree or title) <i>Walter P. ...</i>		23b. ADDRESS <i>1300 Clay</i>	
23c. DATE SIGNED <i>1/9/52</i>		24. BURIAL CREMATION (Specify)	
24a. DATE <i>1-10-1952</i>		24b. NAME OF CEMETERY OR CREMATORY <i>SS. Veto. Park. Cem.</i>	
24c. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>		24d. FUNERAL DIRECTOR'S SIGNATURE <i>Wingbermann</i>	
24e. ADDRESS <i>3819 1/2 Grand St.</i>		DATE RECEIVED BY LOCAL REG. <i>JAN 9 1952</i>	
REGISTRAR'S SIGNATURE <i>Earl Smith</i>		ADDRESS <i>1410 ...</i>	

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

Geo W. Ingbermelle

Licensed Embalmer No. *4611*

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.