

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23414**

FILED JUL 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1828

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 OR TOWN Pagedale		c. CITY OR TOWN Pagedale		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 1 Mo.		e. STREET ADDRESS (If rural, give location) 7219 Teal Ave.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7219 Teal Ave.					

3. NAME OF DECEASED (Type or Print) James Purl			4. DATE OF DEATH (Month) (Day) (Year) 6/30/53		
a. (First)	b. (Middle)	c. (Last)	5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 4 1893	9. AGE (In years last birthday) 59	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoisting Engrs.	10b. KIND OF BUSINESS OR INDUSTRY #Bldg.	11. BIRTHPLACE (City and State or Foreign Country) Eldon, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Purl		13b. MOTHER'S MAIDEN NAME Abbie Pruitt		14. NAME OF HUSBAND OR WIFE Irene Purl	

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. *****	17. INFORMANT'S SIGNATURE OR NAME Irene Purl	ADDRESS 7219 Teal Ave.
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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) Acute Ant. Myocardial Infarction 254		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) Congenital Cardiac Failure		
	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 <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) 4201
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?

22. I hereby certify that I attended the deceased from 4/26, 1952, to 6/24, 1953, that I last saw the deceased alive on 6/24, 1953, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James L. Schatzman D.O.	23b. ADDRESS 3704 Shreve	23c. DATE SIGNED 7/1/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/3/53	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cem.
		24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. 7-1-53	REGISTRAR'S SIGNATURE Herbert R. Romke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	ADDRESS 1125 Hodiamont Ave.
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534 (Licensed Embalmer's Statement on Reverse Side)

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

4001

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.....
Signature of Student Embalmer

Signed *John S. Penne*.....

Licensed Embalmer No. *419*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.