

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED JUL 31 1953

State File No. **26792**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6475**

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>  c. LENGTH OF STAY (In this place) <b>8 mos.</b>  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  d. STREET ADDRESS (If rural, give location) <b>6430 Wise</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Billy Joe Pursifull</b> a. (First) <b>Billy</b> b. (Middle) <b>Joe</b> c. (Last) <b>Pursifull</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 27 1953</b>			
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Never married</b>	<b>8. DATE OF BIRTH</b> <b>9 Sept. 1918</b>		
<b>9. AGE</b> (In years last birthday) <b>4</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MO. Hours _____ Mins. _____		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>none</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>none</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>San Diego, Calif.</b>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>		
<b>13a. FATHER'S NAME</b> <b>Joseph Pursifull</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Damaine Fipp</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>none</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Joseph Pursifull</b> <b>ADDRESS</b> <b>6430 Wise Ave.</b>	
<b>MEDICAL CERTIFICATION</b>					
<b>18. CAUSE OF DEATH</b> 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.  <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Aspiration of vomitus</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Pneumonia - asthma</b>					<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>15 hours</b>         <b>4 days</b>
<b>19a. DATE OF OPERATION</b> _____			<b>19b. MAJOR FINDINGS OF OPERATION</b> _____		
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <b>491X</b>					
<b>22. I hereby certify that I attended the deceased from June 25, 1953, to June 27, 1953, that I last saw the deceased alive on June 27, 1953, and that death occurred at 6:45 p. m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <b>Philip L. Washel, M.D.</b> (Degree or title)			<b>23b. ADDRESS</b> <b>1575 Lafayette</b>		<b>23c. DATE SIGNED</b> <b>6-28-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>removal</b>		<b>24b. DATE</b> <b>6-28-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Round Pond</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Dent Co., Mo.</b>
<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <b>JUN 29 1953</b> <b>J. Carl Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Albert H. Hoppe</b> <b>ADDRESS</b> <b>4700 Washington Blvd</b>			

mjs (Licensed Embalmer's Statement on Reverse Side)

WHILE FILING—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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

W W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis 2

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.