

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33910**

FILED OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9252**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 16 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5000 SO. BROADWAY		d. STREET ADDRESS (If rural, give location) 15 5000 SO. BROADWAY	
3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) *** c. (Last) PURVIS		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 25, 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH UNKNOWN
9. AGE (In years last birthday) ABOUT 66		10. AGE (In years last birthday) If UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY ****	
11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN		12. CITIZEN OF WHAT COUNTRY? 9	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE UNKNOWN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CARRIE ELLIGSON GEITNER HOME 5000 S. BRDWDY.	
18. NOSE 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) Cerebral hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) Cerebro-malacia	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 332x			
22. I hereby certify that I attended the deceased from May , 19 51 , to 9/22 , 19 53 , that I last saw the deceased alive on 9/22 , 19 53 and that death occurred at 5:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. J. Moskop, M.D.		23b. ADDRESS 3554 VICTOR ST ST LOUIS 4	
23c. DATE SIGNED 9/25/53			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE SEPT. 28, 1953	
24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS		24d. LOCATION (City, town, or county) (State) 7901 GRAVOIS	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 25 1953 J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER U. & L. CO. 7817 SO. BROADWAY, ST. LOUIS, MO.	

(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 *Lucas C. Hoffmeier*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Beard*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.