

# STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY _____ |   |
| b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis <u>0</u> ) |  | c. CITY OR TOWN <u>St. Louis</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) _____  |  | e. STREET ADDRESS (If rural, give location) <u>21 3016 Lucas</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G. Phillips Hospital</u>                   |  |  |   |

|   |                   |                        |   |
|---|-------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Ella</u> | b. (Middle) _____ | c. (Last) <u>Purdy</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>5 21 54</u> |
|---|-------------------|------------------------|---|

|                      |                             |   |                                   |   |   |   |
|----------------------|-----------------------------|---|-----------------------------------|---|---|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>col</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>9-24-1884</u> | 9. AGE (In years last birthday) <u>69</u> | 10. UNDER 1 YEAR Months <u>7</u> Days <u>28</u> | 11. UNDER 1 MRS. Hours _____ Min. _____ |
|----------------------|-----------------------------|---|-----------------------------------|---|---|---|

|  |   |   |                                    |
|--|---|---|------------------------------------|
| 10a. 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 (City and State or Foreign Country) <u>Madison Ga.</u> | 12. CITIZEN OF WHAT COUNTRY? _____ |
|--|---|---|------------------------------------|

|                                     |   |  |
|-------------------------------------|---|--|
| 13a. FATHER'S NAME <u>Ed Dudley</u> | 13b. MOTHER'S MAIDEN NAME <u>Maudy Dudley</u> | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> |
|-------------------------------------|---|--|

|   |                               |  |                           |
|---|-------------------------------|--|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ingram</u> | ADDRESS <u>3016 Lucas</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____     |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebro-vascular Accident</u> |  |   |

|                              |  |  |
|------------------------------|--|--|
| 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 OF INJURY (Month) (Day) (Year) (Hour) (m.) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>443X</u>                |

22. I hereby certify that I attended the deceased from 5-4, 1954, to 5-21, 1954, that I last saw the deceased alive on 5-21, 1954, and that death occurred at 8:35 A m., from the causes and on the date stated above.

|  |                                      |                                 |
|--|--------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>E. B. Williams</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>2601 N. Whittier</u> | 23c. DATE SIGNED <u>5-21-54</u> |
|--|--------------------------------------|---------------------------------|

|  |                          |   |  |
|--|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>5-26-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> |
|--|--------------------------|---|--|

|   |   |  |                              |
|---|---|--|------------------------------|
| DATE REC'D BY LOCAL REG. <u>MAY 25 1954</u> | REGISTRAR'S SIGNATURE <u>Paul Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McDonogh Underaker</u> | ADDRESS <u>1123 N Taylor</u> |
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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.....  
Signature of Student Embalmer

Signed *Andrew Richardson*

Licensed Embalmer No. *485*

P. O. Address *2675 G*

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.