

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35084**
Registrar's No. **8944**

FILED NOV 15 1955

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

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY OR TOWN St. Louis, Missouri c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ c. CITY OR TOWN ST LOUIS, d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 5831 HIGHLAND AVE	
3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Elizabeth c. (Last) Purtell		4. DATE OF DEATH (Month) (Day) (Year) October 13, 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 3/7/1884
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS.: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY _____	
13a. FATHER'S NAME PATRICK PURTELL		13b. MOTHER'S MAIDEN NAME MARGARET NAGLE	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME PATRICK HENNESSY ADDRESS 5831 HIGHLAND AVE	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES DUE TO (b) Carcinoma of Urinary Bladder 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 10/5/55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bladder	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ 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 <u>9/26</u> , 19 <u>55</u> , to <u>10/13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10/13</u> , 19 <u>55</u> , and that death occurred at <u>1:35 a</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>Dr. Pradley</i> M. D.		23b. ADDRESS BARNES HOSPITAL 23c. DATE SIGNED 10/13/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 10/15/55 24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY 24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE	
DATE REC'D BY LOCAL REG. OCT 14 1955 REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE	

