

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39259

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2573

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hilledale mo.</u>		c. LENGTH OF STAY (in this place) <u>13 yrs.</u>	
c. CITY OR TOWN <u>Hilledale</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2114 Oakdale Av.</u>		e. STREET ADDRESS (If rural, give location) <u>2114 Oakdale Av.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>D.</u> c. (Last) <u>Purl</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 19, 1892</u>	
9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>0</u>	
11. IF UNDER 12 HRS. Hours <u>0</u> Mins. <u>0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wool Presser</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Perry Cleaning</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Charles William Purl</u>	
13b. MOTHER'S MAIDEN NAME <u>Abbie M. Pruitt</u>		14. NAME OF HUSBAND OR WIFE <u>Ursula Perl</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-05-2181</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Euna Saladin</u>		ADDRESS <u>2126 67th St.</u>	
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerotic Heart Disease 4 years</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>4200</u>	
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)		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>10-24-</u> , 1955, to <u>11-3-</u> , 1955, that I last saw the deceased alive on <u>10-29</u> , 1955, and that death occurred at <u>7:58 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)* <u>James W. Fletes, M. D.</u>		23b. ADDRESS <u>Normandy (81) 9th 7270 Natural Bridge</u>	
23c. DATE SIGNED <u>11-4-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 5, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Garden</u>		24d. LOCATION (City, town, or county) (State) <u>Pennsylvania Mt. Pleasant Pa.</u>	
DATE REC'D BY LOCAL REG. <u>11-4-55</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Rombard</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Will Campbell</u>		ADDRESS <u>Westway 516 Delmar</u>	

526 (Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *V E Morris*

Licensed Embalmer No. *336*

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.