SSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3004 -61-011410 STATE FILE NUMBER

FILED APR 14 1961

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, give TOWNSHIP only) OR TOWN ST.LOUIS,MO — Length of stay in 1b

c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST.LOUIS CITY HOSP. #1. — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3127 Locust — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LOU Middle PURCELL Last

4. DATE OF DEATH Month MARCH Day 28, Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9/28/1872

9. AGE (last birthday) 88 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Ky

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Owens

13b. MOTHER'S MAIDEN NAME Helen Hunt

14. NAME OF HUSBAND OR WIFE Wade Purcell

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 Egbert Griffin Address 6251 O'Dell

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c) 420.0

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/26/61, to 3/28/61 and last saw her/him alive on 3/28/61

Death occurred at 9:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert L Malenky, M.D.

22b. ADDRESS 1515 LAFAYETTE AVE

22c. DATE SIGNED 3/28/61.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 3/31/61

23c. NAME OF CEMETERY OR CREMATORY Mount Lebanon

23d. LOCATION (City, town, or county) (State) St.Louis Cty Mo.

24. FUNERAL DIRECTOR E.J.Schnur ADDRESS 3125 Lafayette

25. DATE RECD. BY LOCAL REG. MAR 30 1961

26. REGISTRAR'S SIGNATURE Hand Smith M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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 Thomas R. Tenore

Licensed Embalmer No. 3793

P. O. Address 3125 Lafay

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.