CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 1 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12843

1. PLACE OF DEATH

County St. Louis — Registration District No. 189 — File No.

Township Central — Primary Registration District No. 6033 B — Registered No. 102

City Jewish Sanatorium Fee Fee Road Anglum, Mo. St. Ward)

2. FULL NAME Jacob Price

(a) Residence. No. Jewish Sanatorium St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 7 mos. + ds. How long in U.S., if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Mollie Price

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk

7. AGE Years ab 70 Months Days If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Iron & metal

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kovno
(STATE OR COUNTRY) Russia

PARENTS

10. NAME OF FATHER George Price

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bertha — Vat

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)

14. INFORMANT Mrs. Gussie Cohn
(Address) 5 Bot Cabanne

15. FILED 4/27, 1927 Tolla Pracy W.S. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1927

17. I HEREBY CERTIFY, That I attended deceased from 10/1, 1926, to April 26, 1927 that I last saw him alive on April 26, 1927, and that death occurred, on the date stated above, at 8 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Oedema

90 B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis
Arterio-sclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 93 C

IF NOT AT PLACE OF DEATH? 97 B

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.

(Signed) Edward E Kaplan, M. D

4/26, 1927 (Address) Jewish Sanatorium Anglum, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Beth Ham Hag.

DATE OF BURIAL 4/28 1927

20. UNDERTAKER H B Berger

ADDRESS 4715 McPherson