

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

O.K. -
 signed. Dr. Reber
 Health Dept.
 128 930

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

Do not use this space.

41429
 12113

1. PLACE OF DEATH
 County Registration District No. 791
 Township Primary Registration District No. 1003
 City St Louis (No. 1261 Bayard ave) St. Ward)

2. FULL NAME Baby Price
 (a) Residence. No. 1261 Bayard ave St. 12 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27 1930
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. infant 1590
 (b) General nature of industry, business, or establishment in which employed (or employer) infant 161D
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) 1261 Bayard ave
 (STATE OR COUNTRY) St Louis mo.

PARENTS
 10. NAME OF FATHER Arthur Price
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis mo
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Helen Thomas
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis mo
 (STATE OR COUNTRY)

14. INFORMANT Arthur Price
 (Address) 1261 Bayard Ave St Louis mo

15. FILED DEC 28 1930 May C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-29 1930
 17. I HEREBY CERTIFY, That I attended deceased from 12-27-30 to 12-27-30, 1930, to that I last saw him alive on 12-27-30; 1930, and that death occurred, on the date stated above, at 1:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis of Respiration Throat
from enteric bacterial meningitis
produced by narrow pelvis & difficult
in delivery (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) As named above
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 161D
 IF NOT AT PLACE OF DEATH at place of birth
 DID AN OPERATION PRECEDE DEATH? no. DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Chlorical
 (Signed) U. H. Ford M.D., M. D.
 . 19 (Address) 444 Easton Ave 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 Val Halla Cem DATE OF BURIAL 12/28 1930

20. UNDERTAKER Baumman Bros ADDRESS Overland mo

