

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis Mo.**

Registration District No.....
Primary Registration District No.....
(No. **1626 Park Ave**)

29879
File No.....
Registered No. **8932**
St. Ward)

2. FULL NAME **George M. Price**

(a) Residence. No. **1626 Park Ave.** St. **73** 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF XXXXX Margarette Price		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/13/1880		
7. AGE	YEARS	MONTHS
	51	7
		6
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Pipe Fitter (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer Unemployed		

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) **Arkansas**

PARENTS	10. NAME OF FATHER Fred Price
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Arkansas
	12. MAIDEN NAME OF MOTHER Rhode Martin
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Arkansas

14. INFORMANT **Margarette Price**
(Address) **1626 Park Ave**

15. FILED **3 21 1931** **W. E. Stanley**
REGISTRAR

**791
1003**

2 **MEDICAL CERTIFICATE OF DEATH** **1931**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug. 19 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Aug. 17, 1931** to **Aug. 19, 1931**.
that I last saw him alive on **1-19-31**, 19... and that death occurred, on the date stated above, at **5:30 P. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
930
820
CONTRIBUTORY (SECONDARY) **Lt. Haemiplegia.**
since Nov. 1930.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **H. F. Westphalinger** M.D.
, 19 (Address) **1933 Park**

*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 **Bismarck Missouri.** DATE OF BURIAL **Aug. 21 1931**

20. UNDERTAKER **McLaughlin**
ADDRESS **1631 Missouri Ave**

WHITE PLAIN, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

