

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

Do not use this space.

26327

1. PLACE OF DEATH

County Jackson
Township 1st
City St. Louis

Registration District No. 399
Primary Registration District No. 100
(No. Jopping & Front Sts)

File No. _____
Registered No. 3235
St. _____ (Ward)

2. FULL NAME

(a) Residence, No. Jopping & Pike St., 10 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 M 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jola Price
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1850
7. AGE YEARS 82 MONTHS 3 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

FATHER 13. NAME David Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Rose Newport Jopping & Pike

18. BURIAL, CREMATION, OR REMOVAL St. Paul R.C.K. DATE Aug 23, 1932

19. UNDERTAKER (ADDRESS) Rose & Henderson 4135 E. 73 St.

20. FILED Aug 23, 1932 Wm. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1932 to Aug 19, 1932
I last saw him alive on Aug 12, 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:
Myocardial infarction Date of onset Jan 1, 32
40 A
97
Other contributory causes of importance: Arterio-sclerosis Aug 19, 32

Name of operation None Date of _____
What test confirmed diagnosis? stomach Was there an autopsy? no

23. If death was due to external causes (violence); fill in also the following:
Accident, suicide, or homicide? was not Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. C. Cattanach M. D.
(Address) 1950 Washington Park Blvd. St. Louis City, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

7/11/1930
Be 0830
Be 0293 Rev.

ROSE & HENDERSON
Funeral Home
15TH AND JACKSON