

WRITE PLAINLY, 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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 701  
Township ..... 1002  
City St. Louis (No. City Hospital #1)  
Pyramid Registration District No. ....

File No. 11434  
Registered No. 2503  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 530 Chestnut St., 26 Ward.  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband of Charlotte Price</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 18, 1895</u>				
7. AGE	YEARS <u>37</u>	MONTHS <u>5</u>	DAYS <u>25</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Insurance Agent</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....			
MOTHER	10. Date deceased last worked at this occupation (month and year) <u>March 1933</u>		11. Total time (years) spent in this occupation. <u>10 yrs.</u>	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Austria</u>			
FATHER	13. NAME <u>Stephen Price</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Austria</u>			
	15. MAIDEN NAME <u>Not known</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Austria</u>			
17. INFORMANT <u>Charlotte Price</u> (ADDRESS) <u>4226 St. Ferdinand</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Friedens</u> DATE <u>March 15, 1933</u>				
19. UNDERTAKER <u>Chadman &amp; Sons</u> (ADDRESS) <u>3934 Mt. St.</u>				
20. FILED: <u>MAR 15 1933</u> <u>Walter Hartley</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1933  
22. I HEREBY CERTIFY, That I attended deceased from March 13, 1933 to March 13, 1933  
I last saw h. .... alive on March 13, 1933. Death is said to have occurred on the date stated above, at 12:30 m.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Shock & Injuries Sustained Pelvis, caused by jumping from window of Hotel, St. Louis, Mo., while attempting to escape, following a hold-up.  
Accident  
9

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 3/12, 1933  
Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public Place  
Manner of injury Jump from window  
Nature of injury Fractured Pelvis

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) Wm. J. Deane M.D.  
(Address) Deputy Coroner  
3/14/33

