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.

OCT 20 1933

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

Do not use this space.

30803

1. PLACE OF DEATH
County St Louis
Township Central
City
Registration District No. 789
Primary Registration District No. 6033B
File No.
Registered No. 267
(No. 1201a Delaware Ave. St. Ward)

2. FULL NAME Hattie Price
(a) Residence, No. 1201a Delaware Ave. St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George Price.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 9, 1890
7. AGE: YEARS 43 MONTHS 7 DAYS 8 to If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home.
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): ? Germany

FATHER
13. NAME: Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Germany

MOTHER
15. MAIDEN NAME: Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Germany

17. INFORMANT (ADDRESS): Mr. Leonard Winsor 3930 Westminster ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla Crematory DATE: Sept. 18, 1933
19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton ave.
20. FILED: 9/18, 1933 Nolla Gray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Found dead Sept 17, 1933
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h— alive on —, 19... Death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:
Suicide. By illuminating gas went into kitchen closed doors and windows, closed same tight and turned on all burners
Date of onset
Other contributory causes of importance:
on gas stove and ceiling gas jet. Died on kitchen floor and
Name of operation: Hist + Date of
What test confirmed diagnosis? Cornoners View. Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Luke B Turnon, M. D.
(Address) 3718 Jennings Rd 9/18/33
Coroner St Louis Co Mo

Coroner St. Louis 6

was found there by son
Sec. - as phyxiation by gas
Jury Verdict, We the jury,
find that the deceased Mrs
Price came to her death, from
the fumes of illuminating
gas thereby comitting suicide

Luke B Timmons MD
3718 Jennings Rd.
St Louis, Co. MO
Coroner 9/18/73

This happened in Central Twp.
St Louis County 1201 a Delaware
in town of Wellston