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.

DEC 12 1935

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

Do not use this space.

37818

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St. Louis (No. 1902 Coleman St. ..... St. ..... Ward)

File No. ..... Registered No. 9795

2. FULL NAME John Price

(a) Residence, No. 1902 Coleman St., 11 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ann Price

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 - 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
67	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bed Factory

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 Dont Know

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

MOTHER

15. MAIDEN NAME Dont Know

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

17. INFORMANT (ADDRESS) Mrs. Mary Ann Price 1902 Coleman St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Nov. 23 1935

19. UNDERTAKER (ADDRESS) Cullinane Bros. 1710 N Grand

20. FILED NOV 22 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 - 1935, to Nov. 20, 1935

I last saw him alive on Nov. 20 - 30, 1935. Death is said to have occurred on the date stated above, at 10 30/9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY THROMBOSIS.	Nov 17-35
Other contributory causes of importance:	
ARTERIOSCLEROSIS GENERAL	1934

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy. Ex. 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? No

If so, specify.

(Signed) Francis J. Meller, M. D.

(Address) 4114 W Florissant