

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township St. Louis Mo.
City..... (No. Barnes Hospital)

Registration District No. 791
Primary Registration District No. 1008

File No. 39108
Registered No. 10139
St. Ward)

2. FULL NAME Delores Price

(a) Residence, No. 1347 N. Leffingwell St. 21 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/2/36, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1936, to Oct 2 noon, 1936. I last saw her alive on Oct 2, 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Dysenteric Bacillary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1934

7. AGE YEARS 2 MONTHS 3 DAYS 16 If LESS than 1 day, hrs. or min.

Other contributory causes of importance: 736

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) St. Louis (STATE OR COUNTRY) MO.

Name of operation..... Date of.....
What test confirmed diagnosis? Chemical Was there an autopsy? Yes

FATHER 13. NAME Clyde Price

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

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.

MOTHER 15. MAIDEN NAME Rachel Anderson

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Clyde Price (ADDRESS) 5578 Clements Ave

Manner of injury..... Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park Date Oct. 8th, 1936

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

19. UNDERTAKER Chas. Helms (ADDRESS) 4107 Finley Ave

(Signed) Chas. Helms M. D.
(Address) 4316 N. Pine St.

20. FILED OCT 7 1936 J. F. Bredack Registrar.

