

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.

1937 OCT 14

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

791
1003

32538

Do not use this space.

8592

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis Mo. (d) Street No. 2611 1/2 Cozens Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bud Price

(a) Residence, No. 2611 1/2 Cozens Ave. St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</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>Carthrine Price</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec, 25-1869</u>		
7. AGE <u>67</u>	YEARS <u>8</u>	MONTHS <u>16</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Common</u>		9. Industry or business in which work was done, as saw mill, bank, etc. <u>Laborer</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Memphis
(STATE OR COUNTRY) Tenn.

13. NAME Unknown

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

15. MAIDEN NAME ?

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

17. INFORMANT Carthrine Price
(ADDRESS) 3611 1/2 Cozens Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Sept. 15, 1937

19. FUNERAL DIRECTOR Wright's Funeral Home
(ADDRESS) 3100 Easton Ave.

20. FILE SEP 13 1937 J. H. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Sep 11, 1937.
I last saw him alive on Sep 11, 1937. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Perforated Stomach

Other contributory causes of importance:
Gastric ulcer

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

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 C. C. Emerson M. D.
(Signed) 3870 Easton Ave.
(Address)

STATEMENT BY LICENSED EMBALMER

I, Chas Gaines, Licensed Embalmer No. 2349

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Chas Gaines

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)