

DEC'D NOV 16 1938

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

33988

Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City..... **St. Louis** (d) Street No. **Desloge Hospital** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **1200 Kasella Price** St. **19**
St. Agnes Home
 (Usual place of abode, if not at home, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unk. Unk. 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 Unk. Unk.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**

9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) **Ky. !**

13. NAME **George Price** **9**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown** **9**

15. MAIDEN NAME **Ella Galay**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Father Brinkman**
4371 Lindell Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Oct. 15, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Arthur J. Donnelly**
3840 Lindell Blvd.

20. FILED **OCT 14 1938** **J. Bredeck**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-13-38** 19

22. I HEREBY CERTIFY, That I attended deceased from **9-27-38**, 19, to **10-13-38**, 19

I last saw h. de. alive on **10-13-38**, 19. Death is said

to have occurred on the date stated above, at **11:24 a.m.**

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

Arteriosclerotic heart disease
Coronary disease
Cerebral edema

Other contributory causes of importance:

Parkinsons disease

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?.....

If so, specify.....

(Signed) **G. O. Brown** M. D.

(Address) **7325 So. Grand Blvd**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

Stanley Marchlew

Licensed Embalmer No.

2868

P. O. Address

3840 Kinde

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.)

If this body is not embalmed, above space should be left blank.