

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

40744
Do not use this space.

REC'D JAN 11 1939

1. PLACE OF DEATH

(a) County 1 Registration District No.
 (b) Township Primary Registration District No. Registered No. **10436**
 (c) City **St. Louis,** (d) Street No. **5731a Cotebrilliant 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

623 Albert O. Priest, Sr.
 (a) Residence, No. **5731A Cotebrilliant Ave.** St. **6** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs. Stella Priest.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 14, 1880**

7. AGE YEARS **58** MONTHS **1** DAYS **18** If LESS than 1 day, hrs. or min.

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

FATHER 13. NAME **Albert Priest.**

14. BIRTHPLACE (CITY OR TOWN) **Michigan.** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Mary McMahon.**

16. BIRTHPLACE (CITY OR TOWN) **New York.** (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Mrs. Stella Priest 5731A Cotebrilliant.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Dec. 5, 1938.**

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

20. FILED **DEC 3 1938** **J. B. Brudick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 2, 1938.**

22. I HEREBY CERTIFY, That I attended deceased from **Nov - 21 - 1938**, to **Dec - 2 - 1938**
 I last saw him alive on **Dec 1 - 1938** Death is said to have occurred on the date stated above, at **12:45 A.M.**
 The principal cause of death and related causes of importance were as follows:

Myo-carditis chronic
arterio-sclerosis
 Date of onset

Other contributory causes of importance:
arterio-sclerosis

Name of operation Date of
 What test confirmed diagnosis? *Physically* 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) *J. H. Hale* M. D.
 (Address) *4903 Blaine*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X14028

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

4903
1-4
Belmont Mass

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 Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.