REC'D JUN 12 1939

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

Do not use this space. 17024

Registration District No. 791 Primary Registration District No. 1003 Registered No. 4558

1. PLACE OF DEATH
(a) County 1
(b) Township
(c) City St Louis Mo 1 (d) Street No. Firmin 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 670 Hugh Price
(a) Residence, No. 6529 Mount St. NR Wellston, Mo
(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: 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 Ella Price

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 11-1876

7. AGE: Years 62 Months 8 Days 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Filling Sta Attendant
9. Industry or business in which work was done, as saw mill, bank, etc. Oil Co
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) Bland Mo

FATHER
13. NAME Henry Price
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baliwin Mo

MOTHER
15. MAIDEN NAME Rebecca Matthews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bland Mo

17. INFORMANT Bellma Merriman
(ADDRESS) 6529 Mount

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belle Mo DATE 5-19 1939

19. FUNERAL DIRECTOR (NAME) Eltis Undertaking Co
(ADDRESS) 4355 Washington

20. FILED MAY 18 1939 J. E. Buchek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1939, to May 16, 1939
I last saw him alive on May 16, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia type 19 (right middle & lower lobes)	4/15/39
Abscess R. lower lobe	2
Empyema R. side	2

Other contributory causes of importance:

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

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) Bernard C. Baumer M. D.
(Address) 1325 So Broad

Licensed Embalmer's Statement on Reverse Side)

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

50M-1-1-36 X14028

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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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.