

REC'D JUN 12 1939

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

17281
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No. **4815**
(c) City..... or..... (d) Street No. **5121 Lotus 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Theresa F. Price**

(a) Residence, No. **5121 Lotus 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 **Female** 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 **Mack Price**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 30. 1885**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 11 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **St. 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) **St. Louis, Mo.**

FATHER 13. NAME **Theodore Klockenkemper**

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

MOTHER 15. MAIDEN NAME **Frances Stiens**

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

17. INFORMANT **Mrs. Mary Merz**
(ADDRESS) **5121 Lotus Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary** DATE **5/29/39**

19. FUNERAL DIRECTOR (NAME) **W. A. Stock Und. C.**
(ADDRESS) **2117 E. Grand Blvd.**

20. FILED **J. F. Brubaker**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 29. 1939**
22. I HEREBY CERTIFY, That I attended deceased from **JAN. 7, 1939** to **MAY 26, 1939**
I last saw h. e. r alive on **MAY 25, 1939** Death is said to have occurred on the date stated above, at **7:30 P.M.**
The principal cause of death and related causes of importance were as follows:

CANCER OF UTERUS & OVARIES
Primary seat probably in uterus. Date of onset **JAN. 1937**

Other contributory causes of importance: **NONE**

Name of operation **HYSTERECTOMY** Date of **FEB. 22, 1939**
What test confirmed diagnosis? Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **NO** 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 **NONE**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **S. A. Van Hoefen** M. D.
(Signed) **S. A. Van Hoefen**
(Address) **8313 HALLS FERRY RD. CITY**

MAY 27 1939

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

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.

50M-9-1-38 I X16625

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

Frank A. Moore

Licensed Embalmer No.

13041

P. O. Address

2117 E. Main

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.