DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8706

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2189

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St Louis Children's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County 5

(c) City or town 5869a Enright (5869a) (If outside city or town limits, write "RURAL")

(d) Street No. St Louis, Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Richard Lee Price

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 (Month) - 29 (Day) - 39 (Year)

8. AGE: Years | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Charles Price
13. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Dorothy Clark
15. Birthplace Kansas (City, town, or county) (State or foreign country)

16. (a) Informant's own signature H Blum
(b) Address 500 So Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-40 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Drellmann-Harral
(b) Address 1905 Union Blvd.

19. (a) MAR 5 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3rd year 1940 hour 9.45 minute A. M.

21. I hereby certify that I attended the deceased from 2-24- 1940, to 3-3- 1940; that I last saw him alive on 3-3- 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Catarrhal Jaundice	1 week
Acute Central respiratory failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operation	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. J. Blatter (M. D. or other)
Address 500 So. Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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.....

Licensed Embalmer No.....

P. O. Address.....

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.