

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1902 Coleman St. **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **11**
(If outside city or town limits, write "RURAL")
(d) Street No. 1902 Coleman St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1940 hour 9:50 minute A M.
21. I hereby certify that I attended the deceased from APRIL 1-40
_____, 19____, to 5-14-40, 19____;
that I last saw him alive on MAY - 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

CHRONIC PULMONARY
TUBERCULOSIS.

Duration

10 YEARS

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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) No
(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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J.P. Budek M.D. or other _____
Address 414 W. Florissant Date signed 5/14/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME Edward J. Price **620**

3. (b) If veteran, name war World War 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Opal Price 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased. April 14 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 1 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business Disabled War Veteran

MOTHER FATHER { 12. Name John Price

13. Birthplace Mary Roganski Germany
(State or foreign country)

14. Maiden name _____ 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Wahltrunk
(b) Address 1902 Coleman St.

17. (a) Burial (b) Date thereof May 17 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) MAY 16 1940 (b) J.P. Budek
(Date received local registrar) (Registrar's signature)

NOV 23 1953

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 Fred Frick

Licensed Embalmer No. 3184

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.