

FILED AUG 25 1940

Registration District No. 791

Primary Registration District No.

Registrar's No. 6039

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: Barnard Hosp. / Washington Ave
St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two months
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME JOHN HENRY PRICE

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ELLA 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased 2 11 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Knoxville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Washer (Retired)

11. Industry or business

MOTHER FATHER { 12. Name H. A. Price
13. Birthplace Knoxville Tenn.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Bean
15. Birthplace Knoxville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Price

(b) Address Russell Kentucky

17. (a) Removal (b) Date thereof 7-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Etowah Tennessee

18. (c) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. (a) JUL 19 1940 (b) J. F. Briedick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn. (b) County McMinn
(c) City or town Etowah Tenn.
(If outside city or town limits, write "RURAL")
(d) Street No. 931 Tenn. Ave. N.R.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th
year 1940 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from July 14
1940, to July 14, 1940
that I last saw him alive on July 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma urinary bladder Duration 2 yrs.

Due to 5/1

Other conditions 5/1
(include pregnancy within 3 months of death)

Major findings: Carcinoma of urinary bladder
Of operations urinary bladder
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?

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

23. Signature C. Archer (M. D. or other)

Address Barnard Hosp. Date signed 7-14-40

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

6039

6039

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 J. G. Sullivan

Licensed Embalmer No. 1172

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.