S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37312

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 9585

FILED DEC 11 1940

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: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 hrs (Specify whether in this community years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2632 Papin 22
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Emma Price

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race C

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

6. (b) Name of husband or wife David Price

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased 7 (Month) 3 (Day) 1867 (Year)

8. AGE: Years 73 Months 4 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife 1

11. Industry or business

FATHER
12. Name Jarrett Huggins B
13. Birthplace Baton Rouge (City, town, or county) La. (State or foreign country)

MOTHER
14. Maiden name Alece Green
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant David Price

(b) Address 2632 Papin 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/40 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine St.

19. (a) NOV 22 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th year 1940 hour 12:48 P.M. minute M.

21. I hereby certify that I attended the deceased from 11-17-40 ~~19~~, to 11-18-1940 that I last saw her alive on 11-18-1940 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Hypertensive Cardio-renal Disease c̄ Decompensation

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Hypertrophy & Dilatation of heart; Generalized C.P.C.

Duration

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 L. S. Davis (M. D. or other)

Address St. Mary's Infirmary Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Joel Russell

Licensed Embalmer No. 4112

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.