

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3514 Harris
(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 Mo (b) County 1030
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 3514 Harris
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25
year 1941 hour 12 minute 15 P.M.

21. I hereby certify, that I attended the deceased from March 15, 1941 to May 25, 1941
that I last saw him alive on Mar 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension
Duration 3 wks
2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations None
Of autopsy None
PHYSICIAN None
Underlines 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 None

23. Signature Shon Roney M. D. or other _____
Address 5087 Grand (Date signed 3/25/41)

3. (a) PRINT FULL NAME Rose Good Price

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emmet Rice 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June 22, 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Alhambra Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Brown

13. Birthplace Ill. (City, town, or county) (State or foreign country)

14. Maiden name Miss Ray

15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Annabel Cook

(b) Address 4922 Walnut

17. (a) Burial (b) Date thereof 12/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Dullivan

(b) Address 2849 St. Louis
19. (a) MAR 26 1941 (b) J. Breder
(Date received local registrar) (Registrar's signature)

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

4910
D.N. Muffel
D.N. Muffel

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

Albert Muffel

Licensed Embalmer No. *3677*

- 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.