S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16557

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4662

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 2 days (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000.
(a) State Missouri (b) County 17
(c) City or town St. Louis, 239
(If outside city or town limits, write "RURAL")
(d) Street No. 1545 So. 2nd St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Katie Price

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

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years about 80 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation nil
11. Industry or business
FATHER
12. Name Monty Lester
13. Birthplace (City, town, or county) Ala. 1 (State or foreign country)
MOTHER
14. Maiden name Herley Scuggs
15. Birthplace (City, town, or county) Ala. 1 (State or foreign country)
16. (a) Informant
(b) Address 2601 N. Whittier
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-42 (Month) (Day) (Year)
From Anatomical Board
(c) Place: burial or cremation St Louis + Greenwood
18. (a) Signature of funeral director H. A. Burke ~~W. Kirkpatrick~~
(b) Address 1619 S. 3rd ~~3800 Rutgers~~
19. (a) MAY 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1942 hour 2 minute 15 A. M.
21. I hereby certify that I attended the deceased from April 15, 1942, to May 17, 1942
that I last saw her alive on May 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease — Duration Unknown
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

93 d
93 c

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 J. W. Johnson (M. D. ~~or other~~)
Address 2601 Whittier Date signed 5/18/42

Y44 (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. Anatomical Board not embalmed

Signed..... H. A. Burton

Licensed Embalmer No. 14198 3rd

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, fact should be so stated above.