

Registration District No. 791

Primary Registration District No. 1003

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

JUL 15 1942

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 11 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 006

(a) State Mo. (b) County 17

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

(d) Street No. 4358 Vista Ave.
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Robert Price

3. (b) If veteran, name war World War

3. (c) Social Security No. 497-07-6910

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

6. (b) Name of husband or wife Minnie Price 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Nov. 4th 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>7</u>	<u>28</u> hr. min.

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

10. Usual occupation Engineer

11. Industry or business.....

12. Name William Price

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Minnie Price
(b) Address 4358 Vista Ave.

17. (a) Burial (b) Date thereof 7-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 3 1942 (b) J. J. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2, year 1942 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from June 22, 1942 to July 2, 1942; that I last saw him alive on July 2, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration.....

Due to.....

Due to.....

Other conditions Acute Renal atrophy from Traumatized kidneys
(Include pregnancy within 3 months of death)

Major findings Same as above

Of operations.....

Of autopsy Refused

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 0

23. Signature W. D. Johnson (M. D. or other).....
Address 1515 Lafayette Avenue Date 7/3/42

847

JUL 1 7 1949
71949

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..... *Edwin H. Mc Dermott*
Licensed Embalmer No..... *3024*
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.