

FILED FEB 1 1943

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo

(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:
Memorial Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs - plus.
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
12

(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2609 S. Grand Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Quintus Price

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

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

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

7. Birth date of deceased Sept 21 - 1851
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>3</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace: Chariton Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Salesman Retired

11. Industry or business _____

MOTHER FATHER

12. Name Sterling Price

13. Birthplace Prince Edward Co Va (City, town, or county) (State or foreign country) 1

14. Maiden name Martha Head

15. Birthplace Orange Co. Va (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs S. Shaw Suple

(b) Address 2609 S. Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington

19. (a) JAN 20 1943 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1943 hour 3 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from January 1, 1943, to July 17, 1943 that I last saw him alive on July 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Haecmia Pulmonary Edema

Due to Chronic Int. Nephro 3 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/21

Major findings: Of operations _____

Of autopsy _____

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 H. D. Ruffantain M. D. or other M. D.

Address 3105 Personal Date signed 7/29/43

PHYSICIAN

Duration 5 days
3 days

Underline the cause to which death should be charged statistically.

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

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 *Philip M. Lesoir*.....

Licensed Embalmer No. *3281*.....

P. O. Address *468 Washington*.....

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.