

S. No. 2
M-5-42
P. 5-17-39
X 322873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED IN 116-3949

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4663**
Registrar's No. **1157**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution I Mo., I day
In this community I Month & I day (Specify whether years, months or days)

3. (a) PRINT FULL NAME Hiram Price
3. (b) If veteran, name war ---
3. (c) Social Security No. 702-12-4619

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Price
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Dec. 6th, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>I</u>	<u>29</u>	hr. min.

9. Birthplace Birds Point Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith Helper

11. Industry or business Terminal R. R. Shops

MOTHER FATHER
12. Name Joseph Price
13. Birthplace Evansville Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Blackford
15. Birthplace Springfield Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Price
(b) Address 318 So. 6th, st. E. St. Louis

17. (a) St. Louis (b) Date thereof Feb. 4th, 1943
(Burial, cremation, or funeral) (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director H.W. Rindfeldt
(b) Address East St. Louis, Ill.

19. (a) FEB 4 1943 (b) J. F. Bredbeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 318 South 6th, st.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2/4/43 year 1943 hour 7.9 minute 19 M.
21. I hereby certify that I attended the deceased from 1/3/43 to 2/4/43, 19...; that I last saw him alive on 2/4/43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder
Due to Chronic Inflammation of Bladder
Other conditions Chronic Pyelitis of Bladder
(Include pregnancy within 3 months of death)
Major findings: Uterine Inv. 52
Of operations
Of autopsy

Duration 1 yr.
6 hrs.
6 hrs.
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature W.A. Buske (M. D. or other)
Address 1000 So. 100th Date signed 2/4/43

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. *MC*
working under my personal supervision.

Signed *Ben. H. Baldus*

Licensed Embalmer No. *2420*

P. O. Address *P. St. Louis Ills*

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.