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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 3561

ED APR 23 1943

Registration District No. 818

Primary Registration District No. 1002

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 18 Days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2318 Division St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Margaret Price

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Joseph Price 6. (c) Age of husband or wife if alive 18 years 1871

7. Birth date of deceased October 18 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 25 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Pete Mc.Cann
13. Birthplace Ireland 4
14. Maiden name Mary Holloran (State or foreign country)
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Hall
(b) Address 2318 Division St.

17. (a) Burial (b) Date thereof 4 - 17 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place; burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) APR 16 1943 (b) J. J. Brudeck
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13,
year 1943 hour 10:25 minute P. M.

21. I hereby certify that I attended the deceased from March 27, 19 43 to April 13, 19 43
that I last saw her alive on April 13, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Decompensation Duration 3 hrs.

Due to arteriosclerotic heart disease ?

Due to

Other conditions Protrusion of rectum 1 mm
(Include pregnancy within 3 months of death)

Major findings: Of operations 93
Of autopsy Refused

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) (c) Means of injury 0

23. Signature Eugene Wiese (M. D. or other)
Address 1515 Lafayette Avenue Date signed 4/11/43

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

844

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.....

Fred Frick

Licensed Embalmer No..... **3186**.....

P. O. Address **St. Louis, Mo.**.....

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.