

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 17 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6211**

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY # Hospital # 1
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 4 HRS. (Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME J. POPE PRICE

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife ERITH 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased DEC 1 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Dickworth

(b) Address 4036 DELMAR

17. (a) REMOVAL (b) Date thereof JULY 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hoxsey, ARKANSAS

18. (a) Signature of funeral director Meggy Funeral Home

(b) Address Walnut Ridge, Arkansas

19. (a) III 8 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000 17 919
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4036 DELMAR
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 7
year 1943 hour 11 minute 38 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion of Chronic Intermittent Myocarditis

Due to 1/31

Other conditions (Include pregnancy within 3 months of death)

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) Means of injury _____

23. Signature Alfred J. Perry (M.D. or other) _____
Address Christianity Date signed 7/8/43

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 *William J. Hiron*.....

Licensed Embalmer No. *4319*.....

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.