

FILED JAN 4 1944  
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Jewish Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **35 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Minnie Price**

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

4. Sex **Female** 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 **Mar. 15, 1865**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **9** Days **9** If less than one day hr. min.

9. Birthplace **Brooklyn, N.Y.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

MOTHER FATHER

11. Industry or business.....  
12. Name **E.W. Price**

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

14. Maiden name **Katharine Bradford**

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

16. (a) Informant **Hazel Price**  
(b) Address **Glasgow, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 27, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cem.**

18. (a) Signature of funeral director **Wagoner Und. Co.**

(b) Address **3621 Olive Street.**

19. (a) **DEC 25 1943** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **9/2**  
(d) Street No. **5330 Pershing Ave** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **24**  
year **1943** hour **7:15 A.M.** minute M.

21. I hereby certify that I attended the deceased from **Dec 14 - 1943** to **Dec - 24 - 1943**

that I last saw h. **4** alive on **Dec - 23 - 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of Heart.**

Due to **Chronic Myocarditis - 3 yrs.**

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?.....

(Specify type of place) While at work?..... (e) Means of injury.....

23. Signature **Dr. Maurice C. Frankenthal** (M.D. or other) **1943**  
Address **1212 4020 Olive** Date signed.....

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

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**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..... *Melvin J. Kemper* .....

Licensed Embalmer No. *4052* .....

P. O. Address *4005 Lexington* .....

**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.**