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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 858

Registrar's No. 301

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2mos 22das. (Specify whether years, months or days)
In this community 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 123
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2141a Clifton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ETHEL PRICE
3. (b) If veteran, name war –
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Samuel Price
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 21 (Day) 1881 (Year)

8. AGE: Years 62 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Versailles (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business none
MOTHER FATHER
12. Name Millard F. Jones
13. Birthplace not known (City, town, or county) Missouri (State or foreign country)
14. Maiden name Anna Woods
15. Birthplace Versailles (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Thelma A. Sengler
(b) Address 5400 Arsenal St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) JAN 11 1944 (Date received local registrar) (b) J. R. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1944 hour 8:20 minute A. M.
21. I hereby certify that I attended the deceased from 12-1-1943, 19..., to 1-10-1944, 19...; that I last saw her alive on 1-10-1944, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decompensation	
Valvular Heart Disease with	
Due to Arteriosclerosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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

23. Signature C. J. McConnell (M. D. or other)
Address 5400 Arsenal Date signed 1/10/44

(Licensed Embalmer's Statement on Reverse Side)

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 Florenz Eynck

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.