

FILED JAN 12 1944

State File No. 10

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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: Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1-wk.
In this community _____
years, months or days

3. (a) PRINT FULL NAME William Joseph Price

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

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 1st., 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Yard Clerk

11. Industry or business Retired

12. Name Chas. F. Price

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Burke

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Chas. A. Price

(b) Address 3848 Flora Place

17. (a) Burial (b) Date thereof 1-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JAN 3 1944 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3848 Flora Place
(If rural, give location) 17
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
year 1944 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from 12-26 1943, to 1-2 1944; that I last saw him alive on 1-2 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis (Pulmonary - Intestinal)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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) Means of injury _____

23. Signature Harold Steele (M. D. or other) _____

Address 1755 S. Grand Date signed 1-2-44

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

MOTHER FATHER

844

St. Louis, Mo

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

Stanley Marshall

Licensed Embalmer No. *2868*

P. O. Address

3840 Linnell

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

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