

No. 2  
M-5-43  
7-5-17-39  
P I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 16 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **8143**  
Registrar's No. **2099**

Registration District No. **318** Primary Registration District No. **1002**

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

**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:  
**5641 Goethe**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

**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")  
(d) Street No. **5641 Goethe**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Edwin Price**  
3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**  
4. Sex **male 0** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Augusta Price**  
6. (c) Age of husband or wife if alive **64** years  
7. Birth date of deceased **Sept 16, 1877**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month **March** day **1st** year **1945** hour **8:30** minute **P. M.**  
21. I hereby certify that I attended the deceased from **Sept 1940** to **March 1, 1945** that I last saw him alive on **March 1, 1945** and that death occurred on the date and hour stated above.

**8. AGE:** Years **67** Months **5** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Bronchogenic Carcinoma**  
Due to \_\_\_\_\_  
Due to **H7**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **Biopsy of gland revealed ca. of lung.**  
Of autopsy \_\_\_\_\_

9. Birthplace **St Louis Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Painter and decorator**

**MOTHER FATHER**  
11. Industry or business \_\_\_\_\_  
12. Name **Edwin Price**  
13. Birthplace **not known England 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Pell**  
15. Birthplace **Not known Pennsylvania 1**  
(City, town, or county) (State or foreign country)

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)  
(e) Means of injury \_\_\_\_\_

16. (a) Informant **Augusta Price**  
(b) Address **5641 Goethe**  
17. (a) **cremation** (b) Date thereof **3/5/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Valhalla Crematory**  
18. (a) Signature of funeral director **J. L. Ziegenhein & Sons**  
(b) Address **7027 Gravois**  
19. (a) **MAR 5 1945** (b) **J. F. Bredenk**  
(Date of registration) (Registrar's signature)

23. Signature **J. G. Granite M.D.**  
Address **5621 S. Bradley** Date signed **3/3/45**

**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..... *C. P. Kidwell* .....

Licensed Embalmer No. *3877* .....

P. O. Address *7027 Graves* .....

**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.**