

FILED OCT 12 1945  
Registration District No. 318

STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 8465

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: Enroute to City Hospital #1 3  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mo  
(c) City or town St. Louis  
(d) Street No. 313 Russell ave.  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME

Albert E. Price

(b) If veteran, name war WW#1

(c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Evangeline Price  
(c) Age of husband or wife if alive 1894 years  
7. Birth date of deceased March 6 1894

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>6</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Oscar Price  
13. Birthplace Missouri  
14. Maiden name Maggie Rainey  
15. Birthplace Missouri

16. (a) Informant Albert E. Price  
(b) Address Sulphur Springs, Mo.

17. (a) Burial (b) Date thereof Oct. 2, 1945  
(c) Place: burial or cremation Troy, Missouri MOTOR

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.  
(b) Address 7814 S. Broadwat

19. (a) Date received by registrar OCT 1 1945  
(b) Registrar's signature J. F. Bredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28  
year 1945 hour 5 minute 30 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  
Due to Coronary Sclerosis

Other conditions (include pregnancy within 3 months of death) None

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature Thom F. Callahan  
Date signed 10-7-45

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

*Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address... *7814 S. Broadway*

**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.**