V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35742

FILED DEC 12 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10617

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 1 DAY
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: ST. LOUIS (100)
(c) City or town: ST. LOUIS CITY (If outside city or town limits, write "RURAL") 17
(d) Street No.: 5712 TERRY AVE (If rural, give location) 16
(e) Citizen of foreign country? (Yes or No): No
If yes, name country:

3. (a) PRINT FULL NAME: Marion Arthur Price
3. (b) If veteran, name war: No
3. (c) Social Security No.: NONE
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Laura Price
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: MARCH (Month) 2nd (Day) 1870 (Year)
8. AGE: Years 75 Months 8 Days 6 If less than one day hr. min.
9. Birthplace: unknown (City, town, or county) 1 (State or foreign country)
10. Usual occupation: Blacksmith
11. Industry or business:
12. Name: unknown
13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs Laura Mueller
(b) Address: 5712 TERRY AVE
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/7/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem
18. (a) Signature of funeral director: Mark Tiernan
(b) Address: 6100 Florissant
19. (a) DEC 7 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4 year 1945 hour 7 minute 55 AM.
21. I hereby certify that I attended the deceased from December 4, 1945 to December 4, 1945 that I last saw him alive on December 4, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	5 yrs
Due to: Chr. Hypertrophic Heart Disease	5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cystitis Severe - Catarrhal	3 months

Major findings:
Of operations:
Of autopsy: Chr. Myocarditis

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: Robert Henning C (M. D. or other)
Address: St. Louis, Mo Date signed: 12/4/45

(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 Mark Tremon

Licensed Embalmer No. 4174

P. O. Address ST. LOUIS MO

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 3

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 10617

On this ..... day of ....., 194..., before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death
for Marion Arthur Price, ~~died~~ ~~born~~ died 12-4, 1945, in the State of
Missouri, and which was filed at ..... on ....., 19..., should be corrected as follows:

Item No. 16a should read Mrs. Laura Price
Instead of Mueller

Item No. 6B should read Laura Price
Instead of Laura Mueller

Item No. 6C should read age 65
Instead of 86

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Mark Tipson
Relationship.

6100 W. Alonsson
Present Address.

Subscribed and sworn to before me this 3 day of December, 1946

My Commission expires Jan 9 — 1947 E H Wright Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

. S. 135
5-43
X36929