

S. No. 2
 DM-5-43
 v. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39655**
 Registrar's No. **11578**

FILED JAN 11 1946
 Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 Street No. 3942 Washington Blvd.
(If rural, give location)
 (e) Citizen of foreign country? No
 If yes, name country _____

3. (a) PRINT FULL NAME Bertha Price
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George Price 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Jan. 31 1897
(Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 28
 If less than one day hr. _____ min. _____

9. Birthplace Shelbyville Ills.
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

11. Industry or business _____
 12. Name Henry Smith
 13. Birthplace Decatur Ills.
(City, town, or county) (State or foreign country)
 14. Maiden name Dont Know
 15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant George Price
 (b) Address 3942 Washington Blvd.

17. (a) Burial (b) Date thereof Dec. 31st 45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd.

19. (a) DEC 30 1945 (b) J. Z. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 Dec. 29th
 20. DATE OF DEATH: Month Dec. day 29th
 year 1945 hour 9:30 minute A M.
 21. I hereby certify that I attended the deceased from 12/23/45
 to 12/29/45, 19____, to 12/29/45, 19____,
 that I last saw her alive on 12/29/45, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
 Duration _____
 Due to _____
 Due to _____
 Other conditions 1/2
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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)
 (c) Means of injury _____
 23. Signature W. D. Hamilton Date signed 12/29/45
 Address 1515 Lafayette

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 Lindell

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.