V. S. No. 2
00M—2-43
ev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42492

State File No. 0

Registration District No. 311

Primary Registration District No. 6076

Registrar's No. 2894

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 174 days (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1701-A N. 13th 9
(If rural, give location)

(e) Citizen of foreign country? No. 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PRICE, Fred A.

3. (b) If veteran, name war World I.

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Julia Price

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased December (Month) 19 (Day) 1894 (Year)

8. AGE: Years 51 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business --

FATHER
12. Name James Price
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Fannie Schrum
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Acting Clinical Clerk, Vet. Adm.
(b) Address Hosp., Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23 '45 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery - Jefferson Barracks

18. (a) Signature of funeral director Bud Schneider
(b) Address 1936 St. Louis Ave.

19. (a) 12-22-45 (Date received local registrar) (b) E.G. McGanan MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1945 hour 5:50 minute P. M.

21. I hereby certify that I attended the deceased from June 28, 1945, to December 19, 1945;
that I last saw him alive on December 19, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH CARDIAC ENLARGEMENT MYOCARDIAL DAMAGE & INSUFFICIENCY.	Unknown
xxxx Contributory Cause.	
Chronic nephritis 13 16	Unknown
xxxx Asthritis Chronic, rheumatoid.	Unknown

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

Major findings:
Of operations No operation
No autopsy
Of autopsy /

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) No.
(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 HARVEY E. SISK, Major, (M. D. or other) M.C.,
Acting Clinical Director.
Address Vet. Adm. Hosp. Jeff. Brks, Mo. Date signed 12/20/45

(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 Glen L. Hay

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave.

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.