S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14265

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 959

1. PLACE OF DEATH:

(a) County St Louis County
(b) City or town Clayton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One day (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96
(c) City or town Valley Park 16
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No ~~(Yes or~~ No) 1
If yes, name country

3. (a) PRINT FULL NAME Price, Chas. C

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife MARGARET MITCHELL PRICE

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

7. Birth date of deceased 12 (Month) 26 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	4	4	— hr. min.

9. Birthplace St Louis County Mo (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

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

MOTHER
14. Maiden name Anna Savage
15. Birthplace Jefferson County Mo (City, town, or county) (State or foreign country)

16. (a) Informant Daughter (Myrtle Smith)
(b) Address 3349 Manhattan

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEM.

18. (a) Signature of funeral director SCHRADER FUNERAL HOME
(b) Address BALLWIN, Mo.

19. (a) 5-2-46 (Date received local registrar) (b) E G McGannan MD (Registrar's signature) 2 Sa

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 30 year 1946 hour 9 minute 45A M.

21. I hereby certify that I attended the deceased from 4-29 1946 to 4-30 1946 that I last saw him alive on 4-30- 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease c cardiac failure

Due to

Due to 95%

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature H. Zahn M.D. (M. D. or other)
Address 601 Brentwood Clifton Date signed 4/30/46

(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 Theo. Schrader

Licensed Embalmer No. 3066.

P. O. Address Ballwin, 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.