

No. 2
12-45
17-39

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAY 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15547
4637

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Transit to City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____ 96
(c) City or town Jennings NR 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 8613 Octavia Ave.
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RAYMOND E. PRICE

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude E. (Wilhelm) 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Nov. 17, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 5 19 hr. min.

9. Birthplace McKittrick, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation R. R. Switchmann

11. Industry or business _____

MOTHER FATHER

12. Name Sterling Price

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

14. Maiden name Sarah VanBooven

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

16. (a) Informant Mrs. Gertrude E. Price

(b) Address 8613 Octavia Ave., Jennings, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 21617 East Fair Avenue

19. (a) _____ (b) J. F. Brudeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1947 hour 10:45 A. M. minute _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____
Coronary Arteriosclerosis

Due to Old myocardial defect

Other conditions 932 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) _____

(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? 3

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 5/7/47

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.....

Walter G. Burnley

Licensed Embalmer No. *4292*

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.