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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19253

Registrar's No. 5558

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: 5706 Maffitt Ave. (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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 6 5706 Maffitt Ave. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) U
If yes, name country

3. (a) PRINT FULL NAME: Edward W. Price
3. (b) If veteran, name war
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: Luetta M. Price
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: 4 (Month) 29 (Day) 1880 (Year)

8. AGE: Years 67 Months 1 Days 5 If less than one day hr. min.

9. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Night Guard
11. Industry or business: Mercantile Bank
MOTHER FATHER
12. Name: Benjamin F. Price
13. Birthplace: Wales (City, town, or county) (State or foreign country) 4
14. Maiden name: Harriett Farris
15. Birthplace: Ireland (City, town, or county) (State or foreign country) 4
16. (a) Informant: Mrs. Luetta M. Price
(b) Address: 5706 Maffitt Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 6/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lake Charles
18. (a) Signature of funeral director: Drehmann-Harral
(b) Address: 1905 Union Blvd.
19. (a) JUN 5 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1947 hour 8:45 minute A.M.
21. I hereby certify that I attended the deceased from June 15, 1945 to June 4, 1947; that I last saw him alive on June 3, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Mellitus	2 yrs
Due to: —	
Due to: —	
Other conditions: — (Include pregnancy within 3 months of death)	
Major findings: — Of operations: — Of autopsy:	

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PHYSICIAN — Underline the cause of 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) 0
While at work? — (e) Means of injury

23. Signature: R. R. Menown (M. D. or other) MD
Address: 5330 Geraldine Date signed 6/4/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

5330 Geraldine

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.