

FILED NOV 22 1947

Registration District No. 318

Primary Registration District No. 1003

State File No. 10333

Registrar's No. 10333

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:
2616 Spruce st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 25 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jessie Price

3. (b) If veteran, name war Worlds War 1 3. (c) Social Security No.....

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

6. (b) Name of husband or wife Elizabeth Price 6. (c) Age of husband or wife if alive 47 years

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

8. AGE: Years 53 Months Days If less than one day
About hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Charlie Price
13. Birthplace Miss
(City, town, or county) (State or foreign country)

14. Maiden name Emma Hand
15. Birthplace Miss
(City, town, or county) (State or foreign country)

16. (a) Informant William Price
(b) Address 2135 Eugenia st

17. (a) Burial (b) Date thereof Nov 12 47
(Burial, cremation, or removal) (Month) (Day) (Year)
National Cen

18. (a) Signature of funeral director J.W. Tugha
(b) Address 2620 Lawton Blvd

19. (a) 11/10/1947 (b) Registrar's signature J.P. Bredece
(Date received local registration)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2616 Spruce 9
2L (If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1947 hour 5 minute 250 M.

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

Immediate cause of death
Bullet wound of heart
inflicted with gun in the
hand of one Walter Young (Col)
with home 2616 Spruce St
around 5:25 PM Nov 4
1947

Other conditions (Include pregnancy within 3 months of death)

Major findings: None
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, from the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Nov 4 1947
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home/on farm, in industrial place, in public place?
Home

While at work? (Specify type of place) (e) Means of injury gun above
23. Signature Patrick E. Taylor (M. D. or other) 3
Address By Date signed 11/10/47

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

JAN 5 1948

MAR 9 1948

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.....

Thomas Marshall Johnson

....., Registered Apprentice No. *492*

working under my personal supervision.

Signed *Lyda Hughes*

Licensed Embalmer No. *2838*

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.