No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17943

FILED JUN 12 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 5088

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: 2935 a DAYTON ST
(If not in hospital or institution, write street number or location)

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

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. 2935 a DAYTON ST 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME HEBBIE PRICE

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 3

5. Color or race C

6. (a) Single, widowed, married, divorced Widow 7

6. (b) Name of husband or wife BERNIE PRICE

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

7. Birth date of deceased SEPT (Month) 3 (Day) 1898 (Year)

8. AGE: Years 49 Months 8 Days 24 If less than one day hr. min.

9. Birthplace CAL CO. (City, town, or county) MISS. (State or foreign country)

10. Usual occupation SEMSTRESS

11. Industry or business

MOTHER FATHER

12. Name JERRY MARTIN

13. Birthplace CAL CO. (City, town, or county) MISS. (State or foreign country)

14. Maiden name LUCY OAKLEY

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

16. (a) Informant Beatrice Cook

(b) Address 2935 a Dayton St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6 3 48 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PK

18. (a) Signature of funeral director R. H. Walton

(b) Address 2707 Stoddard

19. (a) JUN 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27 year 1948 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from 25 Feb. 1948, to 27 May 1948, that I last saw him alive on 26 May 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hepatic Cirrhosis	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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)

While at work? (e) Means of injury

23. Signature M. A. Mueller (M. D. or other) M.D.

Address 3524 Franklin Date signed 5-28-48

M. A. MUELLER

Jefferson City Printing Co. (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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.