S. No. 300
M—10-47
v. 5-17-39
I 3906

WRITE PLAINLY—USE 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. 17945

FILED JUN 1 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4596

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: Missouri Pacific Hospital 0
(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 Illinois (b) County St. Clair 9 39

(c) City or town Maplewood 11
(If outside city or town limits, write "RURAL")

(d) Street No. 716 Mildred Ave. 0
(If rural, give location)

N.R. 2

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

If yes, name country

3. (a) PRINT FULL NAME Robert Brown Price

3. (b) If veteran, name war No

3. (c) Social Security No. 430-07-344

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Verna Price

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased January (Month) 29 (Day) 1904 (Year)

8. AGE: Years 44 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Arlington (City, town, or county) Kentucky (State or foreign country) 1

10. Usual occupation Switchman

11. Industry or business Alton & Southern R.R.

FATHER
12. Name Daniel Natis Price
13. Birthplace CarlisleCo. (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Nettie Francis Hays
15. Birthplace Carlisle Co. (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Mrs. Verna Price
(b) Address 716 Mildred Ave., Maplewood, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Dupo, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 17 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1948 hour 10:55 minute A 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 Pulmonary embolism; while being hospitalized for an injury to his spine received while working in the railroad yards of the Alton & Southern R.R.Co., E.St.Louis, Ills., and was struck by a steam engine, engineer and fireman unknown to this Jury, around 8:50 A.M., March 6, 1948. ACCIDENT

Duration

Other conditions 18
(Include pregnancy within 3 months of death)

Major findings:
Of operations 169

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) ACCIDENT 1 31

(b) Date of occurrence 3-6-1948

(c) Where did injury occur? East St. Louis, Ill. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place (Specify type of place)

While at work? yes (e) Means of injury see above

23. Signature Patrick E. Taylor (M.D. or other)

Address Dupo, Corona Date signed 5/17/48

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Gustav W. Dietert

Licensed Embalmer No. 4329

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.