

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25573

State File No.

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 13064 Registrar's No. 1786

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Ferguson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u>	
c. LENGTH OF STAY (In this place) <u>28 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>208 LaMotte Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 LaMotte Lane</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) <u>Isabelle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1949</u>	
a. (First)		b. (Middle)	
c. (Last) <u>Price</u>		5. SEX <u>F</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July 4, 1864</u>		9. AGE (In years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	
11. BIRTHPLACE (State or foreign country) <u>Nashville, Tenn. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Rainey</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>William E. Price</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. W. Price, Ferguson, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Arterio-sclerosis (General)</u>		<u>15 yrs.</u>	
DUE TO (c) <u>Chronic cholecystitis & cholelithiasis</u>		<u>10 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>2/10/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cholecystectomy (cholelithiasis)</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/8</u> , 19 <u>49</u> , to <u>6-30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-30</u> , 19 <u>49</u> , and that death occurred at <u>8p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Bernard J. Savary M.D. ()</u>		23b. ADDRESS <u>607 N. Grand Blvd</u>	
23c. DATE SIGNED <u>7/2/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/5/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-5-49</u>		REGISTRAR'S SIGNATURE <u>Bernard J. Savary</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ferguson, Mo.</u>			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L. M. Shute

Licensed Embalmer No. 3973

P. O. Address Herguson, 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.