

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32103

FILED SEP 20 1949

State File No. \_\_\_\_\_

|   |                            |   |  |  |   |   |  |
|---|----------------------------|---|--|--|---|---|--|
| BIRTH NO. _____   |                            | REG. DIST. NO. <b>818</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>   |   | Registrar's No. <b>7889</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                            |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY _____  |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |                            | c. LENGTH OF STAY (in this place) _____   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  |   | d. STREET ADDRESS (If rural, give location) <b>3848 Flora Blvd.</b>                 |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3848 Flora Blvd.</b>   |                            |   |  | d. STREET ADDRESS (If rural, give location) <b>3848 Flora Blvd.</b>  |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Mary Price</b>  |                            |   | a. (First) _____ b. (Middle) _____ c. (Last) _____ |  |   | 4. DATE OF DEATH <b>Sept. 11, 1949</b>  |  |
| 5. SEX <b>F.</b>  | 6. COLOR OR RACE <b>W.</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>  |  | 8. DATE OF BIRTH <b>1864</b>   | 9. AGE (In years last birthday) <b>85</b> | IF UNDER 1 YEAR Months _____ Days _____   | IF UNDER 24 HRS. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>  |                            | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (State or foreign country) <b>Ireland</b>   |   | 12. CITIZEN OF WHAT COUNTRY? _____  |  |
| 13a. FATHER'S NAME <b>John Burke</b>  |                            |   | 13b. MOTHER'S MAIDEN NAME <b>Mary Higgins</b>      |  |   | 14. NAME OF HUSBAND OR WIFE <b>Mr. Chas. Price</b>                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |                            | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Chas. A. Price, 3848 Flora Blvd.</b>  |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |                            | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infermitie of Age.</b><br><br>ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><b>Conditions contributing to the death but not related to the disease or condition causing death.</b> |  |  |   | INTERVAL BETWEEN ONSET AND DEATH _____  |  |
| 19a. DATE OF OPERATION _____  |                            | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |                            | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |  | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <b>Mo.</b>   |   | 21f. HOW DID INJURY OCCUR? _____  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____  |                            | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 22. I hereby certify that I attended the deceased from <b>June</b> , 19 <b>48</b> , to <b>Sept</b> , 19 <b>49</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:15 P.m.</b> , from the causes and on the date stated above. |   |   |  |
| 23a. SIGNATURE <b>Henry A. Harshbarger</b> (Degree or title) _____  |                            |   | 23b. ADDRESS <b>607. N. Grand</b>                  |  |   | 23c. DATE SIGNED <b>9-12-49</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>   |                            | 24b. DATE <b>Sept. 13, 1949</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>   |   | 24d. LOCATION (City, town, or county): <b>St. Louis, Mo.</b> (State) _____          |  |
| DATE REC'D BY LOCAL REG. <b>SEP 12 1949</b>   |                            | REGISTRAR'S SIGNATURE <b>J.B. Lassiter</b>  |  | FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Dowdell</b>  |   | ADDRESS <b>3840 Lindell Blvd.</b>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

*Mil*

**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.....

*W. H. VanMatre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

**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.