

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42865
State File No. 11231

BIRTH NO. 106402 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital # 1		d. STREET ADDRESS (If rural, give location) 4380 MARYLAND	

3. NAME OF DECEASED (Type or Print) HENRY	a. (First)	b. (Middle)	c. (Last) PRICE	4. DATE OF DEATH Dec. 29 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 1, 1864	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STENOGRAPHER	10b. KIND OF BUSINESS OR INDUSTRY St. Louis Dispatch	11. BIRTHPLACE (State or foreign country) St. Louis Mo. U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME U. K.	13b. MOTHER'S MAIDEN NAME U. K.	14. NAME OF HUSBAND OR WIFE NORA
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 491-12-8726	17. INFORMANT'S SIGNATURE OR NAME HARRY H. PRICE	ADDRESS 4380 MARYLAND
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spontaneous tension pneumothorax		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) St. Louis Mo. 93
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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? 4500
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22. I hereby certify that I attended the deceased from 12/18, 1949, to 12/29, 1949, that I last saw the deceased alive on 12/29, 1949, and that death occurred at 10:15A m., from the causes and on the date stated above.

23a. SIGNATURE F. Catanzaro M.D.	(Degree or title)	23b. ADDRESS 1515 Lafayette Ave.	23c. DATE SIGNED 12/29/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-31-49	24c. NAME OF CEMETERY OR CREMATORY CALVARY	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. DEC 30 1949	REGISTRAR'S SIGNATURE J. Blaster	25. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly	ADDRESS 4386 Lindell
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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 James A. Summers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.