

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 10966
3069

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Unknown		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) / 2 - 4518 Page Blvd.			
3. NAME OF DECEASED (Type or Print) Lela		a. (First)		b. (Middle) Price		c. (Last)	
4. DATE OF DEATH Mar. 30 1950		5. SEX female 3		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2	
8. DATE OF BIRTH July 3rd 1893		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 8		IF UNDER 24 HRS. Days 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) McKenzie Tenn		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Buck Dinwiddie		13b. MOTHER'S MAIDEN NAME Connie Bowden		14. NAME OF HUSBAND OR WIFE Luther Price (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Hunter 909A Bayard Ave			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension and Cerebral Thrombosis				INTERVAL BETWEEN ONSET AND DEATH Undet.	
		ANTECEDENT CAUSES DUE TO (b) Undetermined					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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)		320X	
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 1-26, 1950, to 3-30, 1950, that I last saw the deceased alive on 3-30, 1950, and that death occurred at 5:30a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James J. Neave				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 3-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 3rd 50		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, County Mo	
DATE REC'D BY LOCAL REG. APR 1 1950		REGISTRAR'S SIGNATURE J. B. Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.H. Randle & Son 3133 Bell Avenue			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

J. J. Watson

Signed.....

Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address *2769 Chautauque*

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.