

No. 300
10-2-50

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1950

State File No. 25178
Registrar's No. 5870

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>13</u> TOWN <u>St. Louis, Mo.</u> <u>2139</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>5800 Arsenal St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u> b. (Middle) c. (Last) <u>Price</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1950</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Sep.</u>	
8. DATE OF BIRTH <u>Mar. 17, 1876</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NA</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Joe Price</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Burgett</u>		14. NAME OF HUSBAND OR WIFE <u>unk.</u>	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>City Infirmary 5800 Arsenal St.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(1) Generalized Arteriosclerosis 1948 Plus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>(2) Hemiplegia 1948 Plus</u> DUE TO (c) <u>long standing hypertension duration</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. unknown.</u>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HH7K</u>	

22. I hereby certify that I attended the deceased from 8-3-42, 19 , to 6-27-50, 19 , that I last saw the deceased alive on 6-27-50, 19 , and that death occurred at 5:50P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Valerie Prunne Bowlish M.D.</u> (Degree or title)		23b. ADDRESS <u>5800 Arsenal St.</u>		23c. DATE SIGNED <u>6-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>6 JUL 7 1950</u>		24c. ANATOMICAL BOARD		24d. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. <u>JUL 7 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service Inc 4104</u>	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Ralph W. Henson*

Signed.....
Student Embalmer

24 2 3
1962

Licensed Embalmer No. *2791*

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: