

FILED JUL 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 25566

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>266</u>		Registrar's No. <u>1769</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give township) Ferguson		a. STATE Missouri		b. COUNTY St. Louis	
c. LENGTH OF STAY (If this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Ferguson		TOWN Ferguson		4111	
d. FULL NAME OF HOSPITAL OR INSTITUTION 266 Airport Rd.				e. STREET ADDRESS (If rural, give location) # 1. Winshire			
3. NAME OF DECEASED (Type or Print)		a. (First) Roger		b. (Middle) Bruce		c. (Last) Price	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
July, 20, 1950							
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Singl		8. DATE OF BIRTH		9. AGE (In years last birthday)	
				May, 2, 1937		13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Reese Price		13b. MOTHER'S MAIDEN NAME Elizabeth Goetz		14. NAME OF HUSBAND OR WIFE Reese Price			
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. None		17. INFORMANT'S SIGNATURE OR NAME Reese Price Ferguson, Mo.			
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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>crushing head injuries- fell under right wheel of truck with</u>					
		ANTECEDENT CAUSES, Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>bicycle.</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 813 3 400				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) road		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ferguson St. Louis Mo.			
21d. TIME OF INJURY 7 20 50 P m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? see above			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Ernest J. Willmann				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 7/24/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/22/50		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, County Mo.	
DATE REC'D BY LOCAL REG. 7-22-50		REGISTRAR'S SIGNATURE Robert S. Blomke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ferguson, Mo.			

(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.....
Student Embalmer

Signed *L. M. White*

Licensed Embalmer No. *3973*

P. O. Address *Ferguson, 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.