

FILED DEC 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38933

Registrar's No. 9782

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9782			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS		c. LENGTH OF STAY (in this place) 5		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2. STREET ADDRESS (If rural, give location) 3029 a Leade Ave.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				3. NAME OF DECEASED a. (First) Vermita				b. (Middle)	
c. (Last) Price		4. DATE OF DEATH (Month) (Day) (Year) Nov. 11 1950		5. SEX Female		6. COLOR OR RACE Negro			
7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH May 2, 1917		9. AGE (In years last birthday) 33		10. MONTHS (6) 9			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Forest City, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Auston		13b. MOTHER'S MAIDEN NAME Maggie Rousey		14. NAME OF HUSBAND OR WIFE Divorced					
15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Maggie Auston		ADDRESS 3029 a Leade			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension with Uremia and Hypertensive Enccephalopathy ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure					INTERVAL BETWEEN ONSET AND DEATH Undet.		
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)		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? 352X				22. I hereby certify that I attended the deceased from 11-4, 1950, to 11-11, 1950, that I last saw the deceased alive on 11-11, 1950, and that death occurred at 11:40pm., from the causes and on the date stated above.			
23a. SIGNATURE Alvin D. Thompson		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 11-13-50					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/17/50		24c. NAME OF CEMETERY OR CREMATORY Popular Bluff, Mo.		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. NOV 17 1950		REGISTRAR'S SIGNATURE J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE WM. SMITH FUNER BL Home 4019 Washington					

(Licensed Embalmer's Statement on Reverse Side)

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

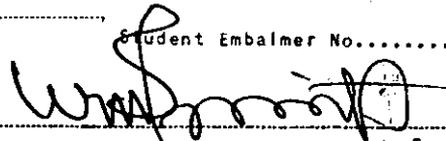
STATEMENT BY LICENSED EMBALMER

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



Signed.....
Student Embalmer

Licensed Embalmer No. 4371

P. O. Address 4019 Washington St

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.