

No. 300
10-48

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6915

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 500

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>15 Pine Lawn</u>	
c. LENGTH OF STAY (in this place) <u>1mo. 14d.</u>		d. STREET ADDRESS (If rural, give location) <u>4321 Ravinwood Ave.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Daniel</u>	b. (Middle) <u>NATUS</u>	c. (Last) <u>Price</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 29 1870</u>	9. AGE (In years last birthday) <u>80</u>	10. IF UNDER 1 YEAR Months <u>10</u> Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Ballard County Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Price</u>	13b. MOTHER'S MAIDEN NAME <u>Malinda Pickett</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>W.H. Price, 124 W. Duane MO</u>
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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, asthenia, 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>Septicemia</u>		<u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Possible osteomyelitis</u> DUE TO (c) <u>Communitated fracture of tibia fibra, left.</u>		<u>10 days</u> <u>1 1/2 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cordeae failure sh.</u>		<u>8124</u>	<u>1 1/2 mo</u>

19a. DATE OF OPERATION <u>2/2/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Communitated fracture left tibia fibra</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Hy.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pine Lawn 6400 St. Louis MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 9, 1951 3:45 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Pt. struck by auto</u>
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22. I hereby certify that I attended the deceased from 1-9-1951 to 2-22-1951, that I last saw the deceased alive on 2-22-1951, and that death occurred at 9:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles M. Leifer M.D.</u>	23b. ADDRESS <u>601 S. Brentwood - Clayton 5th</u>	23c. DATE SIGNED <u>2/28/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>Feb. 24 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dupo, Illinois</u>	24d. LOCATION (City, town, or county) (State) <u>Dupo Illinois</u>
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DATE REC'D BY LOCAL REG. <u>2/24/51</u>	REGISTRAR'S SIGNATURE <u>Thebert R. Dombke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold A. Schmeel</u>	ADDRESS <u>Dupo, Ill.</u>
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(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 _____

Harold A. Dackner

Signed.....
Student Embalmer

Licensed Embalmer No. *4681*

P. O. Address *Alton, Illinois*

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.