

FILED JUN 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19041

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2348

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saint Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN York Village		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN York Village 4450	
d. FULL NAME OF HOSPITAL OR INSTITUTION 31 YORK DR		d. STREET ADDRESS (If rural, give location) 31 York Drive 0	

3. NAME OF DECEASED (Type or Print) a. (First) MABEL b. (Middle) EVERSOLE c. (Last) PRICE			4. DATE OF DEATH (Month) (Day) (Year) June 4 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 2/11/85	9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Cleaning Co.	11. BIRTHPLACE (State or foreign country) Saint Louis 0	
13a. FATHER'S NAME ? Pusey			12. CITIZEN OF WHAT COUNTRY? USA	

13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE Horace T. Price Dec'd		
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr John B. Sterling 7266 Manchester

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio renal disease		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ascites		
		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		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) m.		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 6-4-1951, to June 4, 1951, that I last saw the deceased alive on June 4, 1951, and that death occurred at 2:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. Sterling MD. (Degree or title)		23b. ADDRESS 7266 Manchester, Maplewood		23c. DATE SIGNED 6/5/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE 6/5/51		24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum	
				24d. LOCATION (City, town, or county) (State) Saint Louis, Mo	

DATE REC'D BY LOCAL REG. 6-4-51		REGISTRAR'S SIGNATURE Robert R. Donke MD		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert J. Ambruster, Inc. Clayton, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

4000

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 *Ronald O. Yahnske*

Signed
Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address _____

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.