

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25137
6123

State File No. _____
Registrar's No. _____

FILED JUL 26 1951

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

No. 300
10-48

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">St. Louis, Missouri</p>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">St. Louis 2059</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Enroute City Hospital</p>		d. STREET ADDRESS (If rural, give location) <p align="center">5205 Vernon Avenue.</p>			
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Robert</p> b. (Middle) <p align="center">Vernon</p> c. (Last) <p align="center">Price</p>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">July 7, 1951</p>		
5. SEX <p align="center">Male</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Never married</p>	8. DATE OF BIRTH <p align="center">Apr 21, 1930</p>	9. AGE (In years last birthday) <p align="center">21</p>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Clerk</p>	10b. KIND OF BUSINESS OR INDUSTRY <p align="center">S. G. Adams Co</p>	11. BIRTHPLACE (State or foreign country) <p align="center">St. Louis, Missouri</p>	12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>		
13a. FATHER'S NAME <p align="center">Lyman Price</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Thelma Mann</p>		14. NAME OF HUSBAND OR WIFE <p align="center">Nil</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>		16. SOCIAL SECURITY NO. <p align="center">495-28-9482</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p align="center">Sgt Lyman Price-5402 Cahanne Ave.</p>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center"><i>Phenobarbital poisoning</i></p> ANTECEDENT CAUSES <p align="center"><i>when found in his room</i></p> DUE TO (b) <p align="center"><i>at 5205 Vernon Ave about</i></p> DUE TO (c) <p align="center"><i>700 am on July 7 1951</i></p>			INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p align="center"><i>unknown</i></p>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p align="center"><i>rod open Verdict</i></p>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <p align="center"><i>rod open Verdict</i></p>	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? <p align="center"><i>E8710</i></p>			
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 <p align="center"><i>300 Am.</i></p> , from the causes and on the date stated above. <p align="right"><i>14</i></p>					
22a. SIGNATURE (Degree or title) <p align="center"><i>Catharine E Taylor Curran</i></p>		22b. ADDRESS <p align="center"><i>1300 Clark</i></p>		22c. DATE SIGNED <p align="center"><i>7/9/51</i></p>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>	22b. DATE <p align="center">7-10-51</p>	22c. NAME OF CEMETERY OR CREMATORY <p align="center">Memorial Park</p>	22d. LOCATION (City, town, or county) (State) <p align="center">Normandy, Missouri</p>		
DATE REC'D BY LOCAL REG. <p align="center">JUL 9 1951</p>	REGISTRAR'S SIGNATURE <p align="center"><i>J. B. Lanster</i></p>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p align="center">Albert H. Honne-4700 Washington Blvd</p>		

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John J. Savie
Licensed Embalmer No. 4108

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.