

No. 300
10-48

REC'D DEC 20 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **43578**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2070 Registrar's No. 4007

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. LENGTH OF STAY (in this place) 5 Mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon		d. STREET ADDRESS (If rural, give location) D
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 513 Cornelia					
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) E. c. (Last) Price			4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6, 1880	9. AGE (In years last birthday) 71	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Eldon, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Price		13b. MOTHER'S MAIDEN NAME Martha Howard		14. NAME OF HUSBAND OR WIFE Hortense	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Hortense Price, Eldon, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 0 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0			INTERVAL BETWEEN ONSET AND DEATH 154x
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum - metastases			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 <u>7-10</u> 19 <u>51</u> , to <u>Dec 15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-15</u> , 19 <u>51</u> , and that death occurred at <u>12:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE Bebe Blase M.D. (Degree or title)			23b. ADDRESS 3720 Washington Blvd		23c. DATE SIGNED 12/17/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-17-51		24c. NAME OF CEMETERY OR CREMATORY Versailles, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.			

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Robert M Murray*.....

Licensed Embalmer No. *3749*.....

P. O. Address *St. Louis 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.