

BIRTH NO. --- REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1683**

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **St. Louis**
c. LENGTH OF STAY (In this place) **2 weeks**
d. FULL NAME OF HOSPITAL OR INSTITUTION **MISSOURI BAPTIST HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE **Mo** b. COUNTY **St. Louis**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Johns Station 4221**
d. STREET ADDRESS (If rural, give location) **3580 Gordon Ave. N.W.**

3. NAME OF DECEASED (Type or Print) a. (First) **William** b. (Middle) **A.** c. (Last) **Price** 4. DATE OF DEATH (Month) (Day) (Year) **Feb 21 1952**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **Apr 19, 1881** 9. AGE (In years last birthday) **70** IF UNDER 1 YEAR Months **10** Days **2** IF UNDER 24 HRS. Hours **1** Min. **2**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **PRIVATE NURSE** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) **WINDSOR, VERMONT** 12. CITIZEN OF WHAT COUNTRY **U.S.A**

13a. FATHER'S NAME **UNKNOWN** 13b. MOTHER'S MAIDEN NAME **EMMA FRENCH** 14. NAME OF HUSBAND OR WIFE **EDNA M. PRICE**

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. 17. INFORMANT'S SIGNATURE OR NAME **Edna M. Price, 3580 Gordon, St. Johns Sta.** ADDRESS

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) **Arteriosclerosis hypertensive cardiac vascular renal disease**
ANTECEDENT CAUSES **renal disease**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **renal disease**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **6 mos.**

19a. DATE OF OPERATION **none** 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE 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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **442X**

22. I hereby certify that I attended the deceased from **6 Feb 1952** to **21 Feb 1952**, that I last saw the deceased alive on **21 Feb 1952**, and that death occurred at **8 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Richard A. Jones M.D.** 23b. ADDRESS **3720 Washington** 23c. DATE SIGNED **22 Feb 52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **2/23/52** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park** 24d. LOCATION (City, town, or county) (State) **St. Louis County Mo**

DATE REC'D BY LOCAL REG. **FEB 23 1952** REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Bull-Campbell** ADDRESS **MORUARY, 4215 Lindell**

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.

Signed.....
Student Embalmer

Signed

Rex Campbell

Student Embalmer No.....

Licensed Embalmer No. 3881

P. O. Address *W. Lewis St, 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.