

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

22510

State File No. 5225

FILED JUN 27 1952

1003

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>5225</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2119</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2516 N. Prairie Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>2516 Prairie Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Omar</u>		b. (Middle) <u>P.</u>		c. (Last) <u>Price</u>	
4. DATE OF DEATH		Month <u>June</u>		Day <u>6</u>		Year <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 17, 1905</u>		9. AGE (In years last birthday) <u>46</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carter Carb. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rible, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Price</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Newman</u>		14. NAME OF HUSBAND OR WIFE <u>Martrell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Martrell Price, 2516 Prairie</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Disseminated Sclerosis spinal cord</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> 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 <u>3 1/2</u>	
19a. DATE OF OPERATION <u>1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>sclerosis anterior Syndrome</u>				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>June 6, 1952 345X</u>			
22. I hereby certify that I attended the deceased from <u>Jan 10, 1949</u> , to <u>May 10, 1952</u> , that I last saw the deceased alive on <u>May 10, 1952</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. J. Verda M.D.</u> (Degree or title)				23b. ADDRESS <u>4500 Olive</u>		23c. DATE SIGNED <u>6-6-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-9-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Piedmont, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 7 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd</u>			

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

John S. Kennedy

Licensed Embalmer No. 4199

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.