

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22511**
 Registrar's No. **5410**

JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) SAMUEL PRICE			4. DATE OF DEATH (Month) (Day) (Year) June 11, 1952		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 25, 1891	9. AGE (If years last birthday)	10. IF UNDER 1 YEAR	11. IF UNDER 1 WEEK
				61	Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME W. J. Price	13b. MOTHER'S MAIDEN NAME Margaret Theobald Price	14. NAME OF HUSBAND OR WIFE Samuel Price
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or not known)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Samuel Price	ADDRESS 5703 Kennersly
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of lung, pt. lower lobe - 9mo.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1.63X
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22. I hereby certify that I attended the deceased from **Mar 18, 1952**, to **June 11, 1952**, that I last saw the deceased alive on **June 10, 1952**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE James B Jones	(Degree or title) MD	23b. ADDRESS 332 W. Fochwood	23c. DATE SIGNED June 12, 1952
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE June 13, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. JUN 12 1952	REGISTRAR'S SIGNATURE Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Quinn	ADDRESS 1389 Union Blvd.
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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 Francis H. Williamson

Licensed Embalmer No. 3565

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.