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OWN St. Louis, Mo. d. FULL NAME OF (if no is happled or institution, give stress deform or location) MEDICAL CRUPATION MISSOURY PROLIFE HOSPITAL 3. NAME OF a (First) b. (Middle) c. (Last) 4. DATE (City or Print) B. SEX / S. COLOR OR RACE 7. MARRIED, INVER MARRIED, INVERCE OF PRINTING OF DEATH 100. SUBJA, OCCUPATION (City-third of each of white of worlds gills, we was if reduced) B. SEX / S. COLOR OR RACE 7. MARRIED, INVER MARRIED, INVER MARRIED, INVER MARRIED, INVERT MARRIED, INVERT MARRIED, INVERT MARRIED, INVERT MARRIED, INVERT MARRIED, INVERT MARRIED, INVESTIGATION 100. SUBJA, OCCUPATION (City-third of each of white o		ATH			2 USUAL RESID	ENCE (W	bere deceased	lived. If Inst	iltution: r	edicione befor
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38. FATHER'S NAME EDVIN PRICE S. WAS DECEASED EVER IN U. S. ARMED FORCES? TYM. DO. or unknown) If you give you are dates of service. If SOCIAL SECURITY NO. ETTIEST W. Burkard ADDRE ETTIEST W. Burkard ACOM Woodbine Coultre MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Another one of call, chi, and (c) ANTECEDENT CAUSES Another one of call the disease of the dose cause (a) stating the underlying counse (a) stating the underlying counse last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Pale of Opera. TION 19. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUDDE WORK ATWORK ATWORK ATWORK ATWORK ATWORK ATWORK ATWORK ATWORK AND A COMMET CALLED AND A COLORITY ATWORK ARMS AND A COLORITY ADDRESS AND A COLORITY AND A COLORITY ADDRESS AND A COLORITY AND A COLORITY ANO	IOn. USUAL OCCUPATIO	ON (Give kind of work)	10b. KIND OF BUSIN	ESS OR IN- DUSTRY	11. BIRTHPLACE (Cit	y and State	or Fereign Co	untry)	12. CITIZ COUNT	EN OF WHA
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WHILE AT WORK NOT WHILE STORY 2. I hereby certify that I attended the deceased from \$\frac{1}{2} - \frac{1}{2}\$, \$\frac{1}{2} \frac{1}{2}\$, \$\frac{1}{2}\$, \$\frac	Pla. ACCIDENT SUICIDE HOMICIDE	(Bpecify) 2	1b. PLACE OF INJURY (a tome, farm, factory, street, of	g., in or about Ree bldg., etc.)	21c. (CITY, TOWN, OR 1	TOWNSHIP)	· (C	OUNTY)	(S	TATE)
alive on 1-28-, 1953, and that death occurred ab: 50 A m., from the causes and on the date stated above. 23. STEPATURE (Decree or tide) 23. ADDRESS 23. ADDRESS 24. DATE SIGNATURE (State of the causes and on the date stated above. 25. DATE SIGNATURE 26. NAME OF CEMETERY OR CREMATORY 240. LOCATION (Oity, town, or county) 16. Carl Smith M. N. 25. FUNERAL DIRECTOR'S SIGNATURE 26. ADDRESS 27. DATE RECTOR SIGNATURE 26. DATE RECTOR SIGNATURE 27. DATE RECTOR SIGNATURE 28. FUNERAL DIRECTOR'S SIGNATURE 29. STUNERAL DIRECTOR'S SIG	IId. TIME (Month) OF INJURY	(Day) (Year) (I	WHILE AT () N	DTWHILE	21f. HOW DID INJURY	OCCUR?			17	/X
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24. BURIAL CREMA- 246. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (Stat Tion, REMOVAL Greatly) Jan. 26, 1953 Our Redeemer Cemetery St. Louis County, Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS LAN 24.1050 Carl Smith M. N. Beiderwieden F.H.Inc., 1936 St.Louis Ave	S CHEMATURE	L.b.			23b. ADDRESS	1:		91.	23c. DA	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. ADDRESS Beiderwieden F.H.Inc., 1936 St.Louis Ave	Temoval	Jan . 26 . 19	1		OR CREMATORY 2	Ad. LOCAT	ION (City, to	WII, or count	7)	(Ptata)
	DATE REC'D BY LOCAL			1. D.	25. FUNERAL DIRECT	TOR'S SI	CHATURE	ADI	DRESS	Ave-
	JAN 2 4-1953 -	1 Juni	J. C. (Licensed)	mhelmer's Sc				- 2000		

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I hereby certify that the body whose name is recorded on the reverse to	side of this c	ertificate w	ras embalo	ied by me, or by	-
		Student	Entainer	No	, , , , , ,
rking under my personal supervision.	•		0	<i>y</i> .	

STATEMENT BY LICENSED EMBALMER

P. O. Address & Comment of the Comme

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.