

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12178**  
3022  
Registrar's No. ....

FILED APR 4 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|  |                                    |   |  |
|--|------------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>   |                                    | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b> <b>2219</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Homer G Phillips Hospital</b>  |                                    | d. STREET ADDRESS (If rural, give location)<br><b>21 3318 Delmar</b>  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Rev. James</b><br>b. (Middle) <b>A.</b><br>c. (Last) <b>Price</b>  |                                    |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>March 15 1953</b>         |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Colored</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>August 16, 1898</b>                               |
| 9. AGE (In years last birthday)<br><b>54</b>   |                                    | 10. MONTHS<br><b>6</b>  | 11. DAYS<br><b>29</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Minister</b>   |                                    | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Wren, Miss.</b> |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>  |                                    | 13a. FATHER'S NAME<br><b>James Price</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Cora Word</b>  |                                    | 14. NAME OF HUSBAND OR WIFE<br><b>Marie Price</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes W. W. I.</b>  |                                    | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Marie Price 3318 Delmar Blvd.</b>  |                                    |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   |                                    | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia due to</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Chronic Pyelonephritis</b><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>None</b> |  |
| 19a. DATE OF OPERATION   |                                    | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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) (Min.)   |                                    | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 21f. HOW DID INJURY OCCUR?<br><b>6000</b>  |                                    |   |  |
| 22. I hereby certify that I attended the deceased from <b>3-1</b> , 19 <b>53</b> , to <b>3-15</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>3-15</b> , 19 <b>53</b> , and that death occurred at <b>11:35am.</b> , from the causes and on the date stated above. |                                    |   |  |
| 22a. SIGNATURE<br><b>Eduard Brooks</b>   |                                    | 22b. ADDRESS<br><b>2601 N Whittier St.</b>  |  |
| 22c. DATE SIGNED<br><b>3-17-53</b>   |                                    | 22d. NAME OF CEMETERY OR CREMATORY<br><b>National</b>   |  |
| 22e. LOCATION (City, town, or county) (State)<br><b>Jefferson Barracks Mo.</b>   |                                    | 22f. DATE REC'D BY LOCAL REG.<br><b>MAR 19 1953</b>   |  |
| 22g. REGISTRAR'S SIGNATURE<br><b>J. H. Randle</b>  |                                    | 22h. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>J. H. Randle &amp; Son 3133 Bell Ave.</b>   |  |

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 \_\_\_\_\_

*S J Watson*

Licensed Embalmer No. 2698

P. O. Address 2769 Shou tea

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.