

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED APR 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1071

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ohio</u> b. COUNTY _____	
b. CITY OR TOWN <u>University City</u>		c. CITY OR TOWN <u>New Bloomfield</u> <u>8340</u>	
c. LENGTH OF STAY (in this place) <u>1 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7360 Pershing Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>PRICE</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>4</u> <u>13</u> <u>1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 9/25/01</u>	8. DATE OF BIRTH <u>Sept. 19, 1875</u>	9. AGE (in years last birthday) <u>77</u>	IF UNDER 1 YEAR <u>6</u> Months <u>24</u> Days	IF UNDER 24 HRS. <u>2</u> Hours <u>15</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant-farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired - Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Greene, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles Rice</u>	13b. MOTHER'S MAIDEN NAME <u>Pauline Holman</u>	14. NAME OF HUSBAND OR WIFE <u>Vesta Parke Rice</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>489-28-729</u>	17. INFORMANT'S SIGNATURE OR NAME <u>B. H. Roberts</u>	ADDRESS <u>7451 Buckingham Dr.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myelonephritis</u>	DUE TO (b) _____		
ANTECEDENT CAUSES Morbid conditions, if any, giving 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from March 26, 1953 to present, 19\_\_\_\_, that I last saw the deceased alive on April 11, 1953, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert C. Kingstun</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>31 North Brentwood Clayton 5, Mo.</u>	23c. DATE SIGNED <u>4-13-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/14/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greendale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Meadville Penn.</u>
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DATE REC'D BY LOCAL REG. <u>4-14-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u>	ADDRESS <u>6633 Clayton Road</u>
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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: *Ernest W. Spillars*

Licensed Embalmer No. *4080*

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.

