

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13958**
Registrar's No. **3945**

XC-18097 674
Reg. 307 SI-306
FILED MAY 12 1954

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 MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In this place) 29 Days	c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not hospital or institution, give street address and location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			e. STREET ADDRESS (If rural, give location) 4451 Page		
3. NAME OF DECEASED a. (First) LONNIE b. (Middle) c. (Last) PRICE			4. DATE OF DEATH (Month) (Day) (Year) 4-30-54		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 2-2-92	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTLER		10b. KIND OF BUSINESS OR INDUSTRY PRIVATE HOME		11. BIRTHPLACE (City and State or Foreign Country) PROVIDENCE, KENTUCKY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME BILL PRICE		13b. MOTHER'S MAIDEN NAME CAROLINE HEAD		14. NAME OF HUSBAND OR WIFE WIDOWED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) YES WWI		16. SOCIAL SECURITY NO. 498093195	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MO.		
MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH Undet.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIOVASCULAR DISEASE
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____ 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 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) 4413 X		(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4-1 , 19 54 , to 4-30 , 19 54 , and that death occurred at 1:50A m., from the causes and on the date stated above.					
23a. SIGNATURE Geo. J. Tone III (Degree or title) M.D.			23b. ADDRESS VAH, ST. LOUIS, MO.		23c. DATE SIGNED 4-30-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/5/54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo
REGISTRAR'S SIGNATURE J. Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Wade Granberry 4202 Finney Ave.		

MAILED 105 LOCAL REG. MAY 1 1954

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Melvin E. Green*.....

Licensed Embalmer No. *442*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.