

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21117

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5629**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2269	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 3		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 10 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA City Hospital #1			
3. NAME OF DECEASED (Type or Print) Donald R Price		4. DATE OF DEATH (Month) (Day) (Year) June 22 1954	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept. 17, 1934	
9. AGE (In years last birthday) 19		10. IF UNDER 1 YEAR Months 5 IF UNDER 1 MONTH Days 10 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker		10b. KIND OF BUSINESS OR INDUSTRY Burkhart Mfg. Co.	
11. BIRTHPLACE (City and State or Foreign Country) Portageville, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME James Price		13b. MOTHER'S MAIDEN NAME Lorene Johnson	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. 491-34-0671		17. INFORMANT'S SIGNATURE OR NAME James Price ADDRESS 3708 N 9th St.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning, suffered when deceased if so drowned while swimming near DUE TO (b) Rosestein Island about 155 pm on June 21 1954 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 Accident	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, factory, store, office bldg., etc.) Road		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 21 54 1:55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? ooo E9298			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:05 p.m. , from the causes and on the date stated above. 402			
22a. SIGNATURE (Degree or title) Patrick C. Taylor Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 6.23.54		23. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery (State) Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 24, 1954	
23c. LOCATION (City, town, or county) St. Louis		23d. DATE REC'D BY LOCAL REG. JUN 23 1954	
REGISTRAR'S SIGNATURE J. Carl Smith		FEDERAL DIRECTOR'S SIGNATURE W. P. Helms ADDRESS 3934 920th	

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.....
Signature of Student Embalmer

Not Embalmed

Signed.....
Custar W. Suter

Licensed Embalmer No.....
4

P. O. Address.....
H. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.