

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

35851

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

9143

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <i>St. Louis, Mo.</i>		c. LENGTH OF STAY (in this place) <i>22 yrs.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>None 5126 Enright Ave.</i>		e. CITY OR TOWN <i>St. Louis, Mo.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Dora</i> b. (Middle) c. (Last) <i>Price</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 5, 1954</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Unknown 1889</i>
9. AGE (in years last birthday) <i>65</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Lebanon, Missouri</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Frank Hooker</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>Deceased</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <i>Mrs. Ida Pennington 525 Catherine St. Lebanon, Mo.</i>	
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) <i>Myocardial infarct Heart Disease 6 mo</i> ANTECEDENT CAUSES Morbidity 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HORRORIDE (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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>443x</i>		22. I hereby certify that I attended the deceased from <i>9/27, 1954</i> , to <i>10/5, 1954</i> , that I last saw the deceased alive on <i>10/5, 1954</i> , and that death occurred at <i>8 P.</i> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS <i>3146 Cascade</i>	
23c. DATE SIGNED <i>10/7/54</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>Oct. 9, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park Com</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
DATE REC'D BY LOCAL REG. <i>OCT 8 1954</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>3849 Page</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

Signed..... *C. J. York*

Licensed Embalmer No. *24*
P. O. Address *5847 P*

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.