

FILED DEC 13 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **39479**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 341		Registrar's No. 2773	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give town) CLAYTON		c. LENGTH OF STAY (in this place) DOA		c. CITY OR TOWN PAGEDALE 428		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 ST. LOUIS COUNTY HOSPITAL				e. STREET ADDRESS (If rural, give location) 1539 BRADFORD AVE			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) NEWTON		c. (Last) PRICER.		4. DATE OF DEATH (Month) (Day) (Year) NOV. 30, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 9, 1883	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 11 Days 21		IF UNDER 1 HR. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman (Auto Accessory)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Armstrong, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Pricer.		13b. MOTHER'S MAIDEN NAME Arminta Abbott.		14. NAME OF HUSBAND OR WIFE Edythe Pricer.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-14-5918^{NO.}		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edythe Pricer; 1539 Bradford Ave;			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Superior Cardiac-Vascular Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Sudden 2 1/7	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 (Month) (Day) (Year) (Hour) OF INJURY		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 June 5, 1952 to Nov 30, 1954 , that I last saw the deceased alive on Nov 12, 1954 and that death occurred at 9:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. N. Magness M.D.				23b. ADDRESS 6657 Burgess Ave, University City (5) Mo		23c. DATE SIGNED Nov 30 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/2/1954		24c. NAME OF CEMETERY OR CREMATORY Rossville Cemetery		24d. LOCATION (City, town, or county) (State) Rossville, Illinois	
DATE REC'D BY LOCAL REG. 12/15/54		REGISTRAR'S SIGNATURE Richard B. Lamborn		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Lupton & Sons; 7233 Delmar Blvd.,			

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

3

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 *Clarence A. Murray*.....

Licensed Embalmer No. *401*
P. O. Address *St. Louis,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.