

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22432

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1502

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Robertson		b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place) years		c. CITY OR TOWN Robertson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fee Fee Rd.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS		(If rural, give location) Fee Fee Rd.	

3. NAME OF DECEASED (Type or Print)	a. (First) ROSENA	b. (Middle) EDWARDS	c. (Last) PRICE	4. DATE OF DEATH (Month) (Day) (Year) June 16 1956
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5. SEX Female	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 10 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 10 Days 6	IF UNDER 24 HRS. Hours 6 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitress	10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas Co	11. BIRTHPLACE (City and State or Foreign Country) Columbus Miss	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Oliver Gordon	13b. MOTHER'S MAIDEN NAME Temple Henderson	14. NAME OF HUSBAND OR WIFE Wyman A. Price
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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) No	16. SOCIAL SECURITY NO. 492-03-7977	17. INFORMANT'S SIGNATURE OR NAME Cora Thomas	ADDRESS 3021 N. Taylor Ave
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Seizure, Chronic Constipation		INTERVAL BETWEEN ONSET AND DEATH 6 Weeks
	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 None	19b. MAJOR FINDINGS OF OPERATION 592X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from **June 24, 1956**, to **June 17, 1956**, that I last saw the deceased alive on **June 16, 1956**, and that death occurred at **5:58 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Fragies D. Alexander MD	(Degree or title) MD	23b. ADDRESS 826 N Channing	23c. DATE SIGNED 6-18-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 20 1956	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo
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DATE REC'D BY LOCAL REG. 6-19-56	REGISTRAR'S SIGNATURE Robert R. Donahue MD	25. FUNERAL DIRECTOR'S SIGNATURE J.H. Randle & Son	ADDRESS 3133 Bell Ave
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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.....
Signature of Student Embalmer

Signed *Arthur H. Harris*

Licensed Embalmer No. *445*

P. O. Address *4181 York*

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.