

FILED FEB 6 1958

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **3464**  
 Registrar's No. **1029**

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>   |  |   |  | c. LENGTH OF STAY (In this place)<br><b>88 yrs</b>  |  |  |  |
| c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>   |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>9049 Riverview Blvd.</b>  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>38 DOA City Hospital</b>  |  |   |  | e. STREET ADDRESS (If rural, give location)<br><b>9049 Riverview Blvd.</b>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First)<br><b>Fred</b>   |  | b. (Middle)<br><b>William</b>   |  | c. (Last)<br><b>Price</b>  |  |
| 4. DATE OF DEATH  |  | (Month) <b>Jan.</b>   |  | (Day) <b>25</b>   |  | (Year) <b>1958</b>   |  |
| 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  |  | 8. DATE OF BIRTH<br><b>Sept. 25, 1885</b>  |  |
| 9. AGE (In years last birthday)<br><b>72 yrs</b>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____  |  | IF UNDER 1 MTH.<br>Hours _____ Min. _____   |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Restaurant</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Restaurant</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Bee Bee Arkansas</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>Joseph Price</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Ella Powers</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Amanda (Brasherars) Price</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>492-24-9193A</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mr. Lloyd E. Price, 8222 N. Broadway 15</b>                                     |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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 <b>coronary infarction</b>  |  |   |  |  |  |
|   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><b>Coronary Infarction</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 1/2 hrs</b>  |  |  |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>Myocardial Infarction &amp; Myocarditis</b>         |  | DUE TO (b)<br><b>4201</b>   |  |  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Hypertension, Pulmonary Nephritis</b> |  | DUE TO (c)<br><b>4201</b>   |  |  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY? <b>2</b><br>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 OF INJURY (Month) (Day) (Year) (Hour)   |  | 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 <b>1-25</b> , 19 <b>58</b> , to <b>1-25</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>1-25</b> , 19 <b>58</b> and that death occurred at <b>11 P. m.</b> , from the causes and on the date stated above. |  |   |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><b>W. G. King</b>   |  |   |  | 23b. ADDRESS<br><b>8201 N. Broadway</b>   |  | 23c. DATE SIGNED<br><b>1-27-58</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 24b. DATE<br><b>Jan. 29, 1958</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Valhalla Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b>                |  |
| DATE REC'D BY LOCAL REG.<br><b>JAN 28 58</b>  |  | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith M.D.</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>CALVIN F. FEUTZ, 4828 Nat'l. Bridge Blvd. 15</b>                                 |  |  |  |

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

Dr. Wm. Knight, Sr.  
8201 N Broadway,

304 P.M. Today (Monday)

File in City

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**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 .....  
Student Embalmer

Signed Ralph C. Lindner

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.