

DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037972

FILED VS OCT 28 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 9602**

RECORDED

11/2/59

AUGUST 26 1959

62

65

9

DOCUMENT Employment Record 9725/1925
BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY _____									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b _____		c. CITY OR TOWN Madison		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Infirmary			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 419 Weaver		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last XXXXXX Robert Price				4. DATE OF DEATH Month Day Year Oct. 16, 1959									
5. SEX Male		6. COLOR OR RACE Colored		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/22/1897		9. AGE (last birthday) 62-65		IF UNDER 1 YEAR Months Days 1 22		IF UNDER 24 HR Hours Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during greater working life, even if retired) Mail Handler				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME John Price				13b. MOTHER'S MAIDEN NAME Ellen ?				14. NAME OF HUSBAND OR WIFE Beulah Price					
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. ?		17. INFORMANT Address Beulah Price 419 Weaver Street							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Aortic Aneurysm										INTERVAL BETWEEN ONSET AND DEATH 6 hours			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Atherosclerosis		unknown	
DUE TO (c) 451x													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dissecting Aortic Aneurysm								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from 10/12/59 to 10/16/59 and last saw him alive on 10/16/59 . Death occurred at 10:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Sydney A. Inas M.D.						22b. ADDRESS 4901 A Easton			22c. DATE SIGNED 10/17/59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-22-59		23c. NAME OF CEMETERY OR CREMATORY College Hill Cemetery				23d. LOCATION (City, town, or county) Lebanon, Illinois					
24. FUNERAL DIRECTOR ADDRESS Ellis Funeral Home 2820 Stoddard St.				25. DATE RECD. BY LOCAL REG. OCT 20 1959		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.							

2186

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 Fulton E. Beckman

Licensed Embalmer No. 4198
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.