

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021397

FILED VS JUN 9 1960 318

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5379

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 20 Yrs.		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E/R to City Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 428 S. 4th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ANNA PRICE				4. DATE OF DEATH Month Day Year May 21, 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/14/98	9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY Unknown	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Joseph Price		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Irene Mannino, 32 Cardigan, Address Ferguson, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage caused from scalp, which was lacerated and lark, base from its base. DUE TO (b) Cirrhotic liver DUE TO (c) CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female, was there a pregnancy in last 90 days. 900.0 21 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury, PART I or PART II of item 18.) 900.0 21 Support in fall down steps from 2nd to 3rd floor of 428 South 4th Street				
20c. TIME OF INJURY Hour a.m. p.m. 5 Month, Day, Year 21 May 21 1960	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St. Louis Mo		COUNTY STATE	
21. I attended the deceased from Death occurred at 12:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.				and last saw her alive on				
22a. SIGNATURE (Degree or title) Selma E. Taylor				22b. ADDRESS 1300 Elm			22c. DATE SIGNED 5/24/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/24/60	23c. NAME OF CEMETERY OR CREMATORY St. Matthews		23d. LOCATION (City, town, or county) St. Louis, Mo.			
24. FUNERAL DIRECTOR McLaughlin, 2301 Lafayette				25. DATE RECD. BY LOCAL REG. MAY 23 1960		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 <sup>NOT</sup> \_\_\_\_\_

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James R. Chipman

Licensed Embalmer No. 455

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.