

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-034812

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9065 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH  
 a. COUNTY ST. LOUIS  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Length of stay in lb  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2632 ALLEN AVE Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MO. b. COUNTY ST. LOUIS  
 c. CITY OR TOWN ST. LOUIS Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 2632 ALLEN AVE Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
KEITH PRICE OCT 2 1961  
 5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  8. DATE OF BIRTH SEPT 30 1955 9. AGE (last birthday) 6  
 Widowed  Divorced   
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10b. KIND OF BUSINESS OR INDUSTRY MISSOURI 11. BIRTHPLACE (City and state or country) U-S-A  
 12. CITIZEN OF WHAT COUNTRY  
 13a. FATHER'S NAME LOUIE PRICE 13b. MOTHER'S MAIDEN NAME CATHERINE HUNHAUSEN 14. NAME OF HUSBAND OR WIFE  
 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. NONE 17. INFORMANT LOUIE PRICE Address 2632 ALLEN AVE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Rhabdomyosarcoma of kidney  
 (b) Rhabdomyosarcoma of kidney  
 (c) 180x  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
 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.  Yes  No  Unknown  
 INTERVAL BETWEEN ONSET AND DEATH 14 months

19. WAS AUTOPSY PERFORMED? YES  NO   
 20a. ACCIDENT  SUICIDE  HOMICIDE   
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_  
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 11/7/55 to time of death and last saw him alive on September 30 - 1961  
 Death occurred at 9 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Adrain Bleyer (Degree or title) M.D. 22b. ADDRESS 607 No. Grand 22c. DATE SIGNED 10/2/61  
Darren Bleyer - MD 607 N. Grand

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE OCT 4, 1961 23c. NAME OF CEMETERY OR CREMATORY MT. ZION CEMETERY 23d. LOCATION (City, town, or county) (State) COOTER MO  
 24. FUNERAL DIRECTOR Thomas Kutis 2906 Gravois ADDRESS 2906 Gravois 25. DATE RECD. BY LOCAL REG. OCT 2 1961 26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

*Completed - Callg Kennedy*

**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: \_\_\_\_\_

Licensed Embalmer No. 4357

P. O. Address 2906 Glendon

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.