

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

7978 - 62-032806  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. \_\_\_\_\_

#2983037

SL#3573

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

FILED AUG 22 1962

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		a. STATE MISSOURI b. COUNTY St. Charles	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.		c. CITY OR TOWN St. Charles	
Length of stay in lb 51 DAYS		d. STREET ADDRESS (If outside, give location) 358 ROBERSON	
3. NAME OF DECEASED (Type or print) First Middle Last EVERETT PRICE		4. DATE OF DEATH Month Day Year AUGUST 13 1962	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9/2/97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (last birthday) 64
13a. FATHER'S NAME FOREST PRICE		13b. MOTHER'S MAIDEN NAME MELINDA BARRY	11. BIRTHPLACE (City and state or country) NEW HAVEN, MO.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN	12. CITIZEN OF WHAT COUNTRY USA
17. INFORMANT IRVEN PRICE		14. NAME OF HUSBAND OR WIFE NONE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION		17. INFORMANT ADDRESS 1305 N. 4TH STREET ST. CHARLES, MO.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201		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	
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. <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 a.m. p.m. Month, Day, Year	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 6/24/62 4:20 P to 8/13/62 and last saw him alive on 8/13/62		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Joseph P. Schaefer, M.D.		22b. ADDRESS VAH; ST. LOUIS, MO.	22c. DATE SIGNED 8/14/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 17 AUG. 1962	23c. NAME OF CEMETERY OR CREMATORY JEFFERSON BKS. NATL. CEM	23d. LOCATION (City, town, or county) ST. LOUIS COUNTY MO.
24. FUNERAL DIRECTOR ADDRESS PRINSTAR-BAUE FUNERAL HOME ST. CHARLES, MO	25. DATE RECD. BY LOCAL REG. AUG 16 1962	26. REGISTRAR'S SIGNATURE Leonard Smith, M.D.	

AUG 22 1962

**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 Frederic M. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.