

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

2443

**1. PLACE OF DEATH**

County St. Louis Registration District No. 489  
 Township Central Primary Registration District No. \_\_\_\_\_  
 City Pine Lawn (No. 4408 Ravenwood) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James B. Price  
 (a) Residence, No. 4408 Ravenwood St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (or the above word) Child  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 - 1932  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 1 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pine Lawn Mo

MOTHER FATHER 13. NAME Martin Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leopold Mo

15. MAIDEN NAME Monica Paul

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colet Mo

17. INFORMANT Martin Price  
 (ADDRESS) 4408 Ravenwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Jan 6 1934

19. UNDERTAKER L. B. Tanner  
 (ADDRESS) 6107 Natural Bridge Rd.

20. FILED Jan 6 1934 Blaschmer Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/5/34

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

Cerebral edema with dilatation of the ventricles. Mitral insufficiency with valvulitis. Acute pericarditis. Date of onset \_\_\_\_\_

Other contributory causes of importance: Severe secondary anemia.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_.

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Subert B. Turner M.D.  
 (Address) 3718 Jennings, Rd.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION every important.

96  
27  
1934

Blaschmer Registrar  
1700 4/5/34

This child was found dead in bed by mother,  
4408 Ravenwood.