

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

Do not use this space.

21720

1. PLACE OF DEATH

County St. Louis Registration District No. 788
Township Central Primary Registration District No. 4474
City Webster Groves (No. 333) Oakwood St. _____ Ward)

File No. _____
Registered No. 57
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 333 Oakwood St., _____ Ward.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 - 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 — 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broadway Savng. Co.
10. Date deceased last worked at this occupation (month and year) 1909 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barroll Co. Alabama

13. NAME Reuben Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Rebecca Hart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) W. H. Price 833 Oakwood Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE June 6 1934

19. UNDERTAKER (ADDRESS) Parker and Co. Webster Groves

20. FILED 66 1934 Julius H. Ford Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1934
22. I HEREBY CERTIFY That I attended deceased from April 28 1934 to June 4 1934
I last saw him alive on June 1 1934 Death is said to have occurred on the date stated above, at 12:15 m.

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset _____
Neurcular Fibillation 7/25/34
Debranchitis 4/28/34
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis clinical Was there an autopsy? _____

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? No
If so, specify _____
(Signed) W. H. Price, M. D.
(Address) 115 E. Oakwood

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 is very important.

JUN 26 1934

