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.

REC'D MAR 14 1938

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

4742
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 1387
(c) City St. Louis (d) Street No. 5630 Pershing Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frances Willing Price 620
(a) Residence, No. 5630 Pershing Avenue St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harry Price
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 3rd. 1856
7. AGE: YEARS 81 | MONTHS 2 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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): Crystal Springs Miss

FATHER
13. NAME: William J. Willing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Princess Ann Maryland

MOTHER
15. MAIDEN NAME: Melinda Patton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

17. INFORMANT (ADDRESS): Mrs. H. C. Korndoerfer 5510 Waterman Avenue
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fortworth Texas DATE Feb 8th 1938
19. FUNERAL DIRECTOR (ADDRESS): C. R. Lupton + Sons 4449 Olive, St.
20. FILED FEB 7 1938 19 J. B. Brehiak Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6th, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 5th, 1938, to Feb 6th, 1938
I last saw her alive on Feb 6th, 1938. Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
" Nephritis	
Senility	

Other contributory causes of importance:

Name of operation None 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) Geo L. Tonelli, M. D.
(Address) 3903 Olive St

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, C. R. Lupton, Licensed Embalmer No. 2123

hereby certify that the body recorded on the reverse side of this certificate was embalmed by U. E. Morris

L. E.

No. 3360 or by, Registered Apprentice No.

working under my personal supervision.

Signed C. R. Lupton

Licensed Embalmer No. 2123

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)