

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
100830408
Do not use this space.

Registered No. 7845

1. PLACE OF DEATH

- (a) County.....
 (b) Township.....
 (c) City St. Louis, Mo. (d) Street No. Christian Hosp. 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

- Infant Price 670
 (a) Residence, No. 4469 Holly St. 9
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Stillborn

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.

- 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.
 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) St. Louis, Mo.

FATHER
 13. NAME Ed. L. Price
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
 15. MAIDEN NAME Lorraine Piepenschneider
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Mrs. Wm. Piepenschneider
(ADDRESS) 4469 Holly Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem DATE Sept 6, 193819. FUNERAL DIRECTOR Bidenstein Funeral Home
(ADDRESS) 1936 St. Louis Ave.20. FILED SFP - 6 1938
J. D. Bidisch
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5, 193822. I HEREBY CERTIFY, That I attended deceased from 9/5/38 to 9/5, 1938.I last saw him Stillborn, 1938. Death is saidto have occurred on the date stated above, at 70 m.

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

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) Frank K. Deane, M.D.(Address) 6310 W. T. Missouri

STATEMENT BY LICENSED EMBALMER

No. Embalming

I,, Licensed Embalmer No.....

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)