

REC'D OCT 12 1938

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

30448  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City Saint Louis (d) Street No. Missouri Baptist Hospital St. **7885**  
(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 Mary Elizabeth Price **62A**

(a) Residence, No. 1160 Aubert Avenue St. **12**  
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Price

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
47 5 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Ireland

FATHER 13. NAME Pat Ward

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Frank Price,  
(ADDRESS) 1160 Aubert Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Sept. 8, 1938

19. FUNERAL DIRECTOR CRAIG MORTUARY  
(ADDRESS) 4468 Washington Blvd

20. FILE NO. SEP - 6 1938 J. D. Breda Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5-38

22. I HEREBY CERTIFY, That I attended deceased from 8-31-38 to 9-5-38  
I last saw him alive on 9-5-38 at 9:15 AM Death is said to have occurred on the date stated above, at 9:15 AM

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

Pneumonia  
Ruptured spleen Pt  
Kidney

Other contributory causes of importance:  
Pt. water stroke by stone

Name of operation None Date of .....  
What test confirmed diagnosis Phys. Exam 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? No  
If so, specify S. A. Lausche, M. D.

(Signed) S. A. Lausche, M. D.  
(Address) 4685 Natural Bridge

STATEMENT BY LICENSED EMBALMER

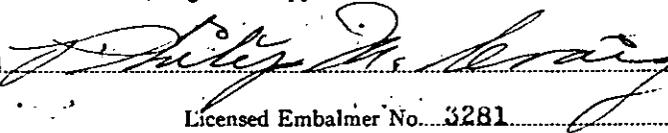
I, Philip M. Craig, Licensed Embalmer No. 3281

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed



Licensed Embalmer No. 3281

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.)