

DEPT. DEC 12 1938

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

37650  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
 (b) Township 1 Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. 2316 Division St. Registered No. 9977  
 (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

Joseph E. Price,  
 (a) Residence, No. 2316 Division St., St. 21  
 (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) Married.  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Price.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1875  
 7. AGE YEARS 63 MONTHS 4 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Whitner & Plaster  
 9. Industry or business in which work was done, as saw mill, bank, etc. Self.  
 10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Missouri.

FATHER 13. NAME Wm. Edward Price.

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

MOTHER 15. MAIDEN NAME Martha Unknown.

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

17. INFORMANT (ADDRESS) Mrs. Margaret Price. 2316 Division St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery, Nov. 19, 38

19. FUNERAL DIRECTOR (ADDRESS) Benjamin P. Pughan 1431 Union Blvd.

20. FILED NOV 18 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17th 1938  
 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, 4:0 P. m.  
 The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis  
Arterio Sclerosis  
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? No

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 of injury in any way related to occupation of deceased? No  
 If so, specify.....  
 (Signed) Alfred Perry  
 (Address) Deputy Coroner

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.

**STATEMENT BY LICENSED EMBALMER**

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 \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 2915

**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.)**