

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4068a Folsom Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Mary J. Price  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Late Harry Price  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 26 1887  
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lincoln County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Cafeteria Forelady

11. Industry or business Liggett & Meyers

12. Name John Craig

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Holcomb  
(City, town, or county) (State or foreign country)

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marian Price

(b) Address 4068a Folsom Ave.

17. (a) Burial (b) Date thereof 2-2-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway

19. (a) FEB 1 1940  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4068a Folsom Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st  
year 1940 hour 7:30 A. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct. 15, 1938  
to Jan. 30, 1940  
that I last saw her alive on Jan. 30, 1940 (11:30 P.M.)  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart Duration 5 min

Due to Chronic Myocarditis  
Aortic and Mitral Valves involved

Due to Regurgitation

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature John Stewart (Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

28. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address Chemical Bldg. Date signed 2/1/40

JAN 13 1943

Mloyd  
Dr. F. Stewart  
15<sup>th</sup> Floor  
Chemical Bldg  
12-6

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Edwin M. Bennett*  
Licensed Embalmer No..... *3024*  
P. O. Address.....

**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.)**

If this body is not embalmed, above space should be left blank.