

FEB 25 1941  
Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis

(c) Name of hospital or institution: Homer G Phillips 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community 60 years years, months or days)

3. (a) PRINT FULL NAME Nelson Price

3. (b) If veteran, name war..... 3. (c) Social Security No. NO

4. Sex M 2/ 5. Color or race Colored 6. (a) Single, married, divorced Married

6. (b) Name of husband or wife Jennie Price 6. (c) Age of husband or wife if alive UNKNOWN years

7. Birth date of deceased 12 (Month) 25 (Day) 1878 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>		<u>15</u>	..... hr. .... min.

9. Birthplace Louisville Ky. 1/ (City, town, or county) (State or foreign country)

10. Usual occupation ~~Business~~

11. Industry or business unemployed

12. Name Unknown

13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Addie Rockmore

(b) Address 2808 Wash. St.

17. (a) Buried (b) Date thereof 1-13-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Wood Cemetery

18. (a) Signature of funeral director Jus Lowe

(b) Address 2930 Dickson St

19. (a) JAN 11 1941 (b) J. F. Bulek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000

(c) City or town St. Louis 2/17  
(If outside city or town limits, write "RURAL") 9

(d) Street No. 1014 N Jefferson (If rural, give location)

(e) If foreign born, how long in U. S. A.?..... 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8  
year 1941 hour 2:55 minute A M.

21. I hereby certify that I attended the deceased from January 6, 1941, to January 8, 1941;  
that I last saw him alive on January 8, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 48 hrs

Due to..... 108

Due to.....

Other conditions Adams-Stokes Disease  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy As above

Duration

48 hrs

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?.....

While at work?..... (Specify type of place) (e) Means of injury D

23. Signature H. J. Erwin (M. D. or other)  
Address 2601 N Whittier Date signed.....

**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.....

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

**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, fact should be so stated above.**