

Registration District No. 791

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Noburn Lee Price 3325 Whippewa St.
(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 2 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1617
(If outside city or town limits, write "RURAL")
(d) Street No. 3325 Whippewa St. F
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1941 hour 2 minute 50 P.M.
21. I hereby certify that I attended the deceased from Feb 25-1941
1941, to Mar 5, 1941;
that I last saw h./M. alive on Mar 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Anuria
Chronic Pyelonephritis
Due to _____
Duration 20 hours

Due to Stroke Paralysis - 2 yrs ago
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations 1316
Of autopsy _____
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 _____
23. Signature W. J. Burgess M.D.
(M. D. or other) _____
Address 3752 Louisiana Date signed Mar 16/41

8. (a) PRINT FULL NAME Noburn Lee Price
8. (b) If veteran, name war NO
8. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Price 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased October 27, 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Bardwell 1 Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Fanner

11. Industry or business Farming

MOTHER FATHER
12. Name John Price
13. Birthplace Bardwell 1 Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Lynn Ockelt
15. Birthplace Bardwell 1 Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant H. B. Barker
(b) Address 3325 Whippewa Sp.

17. (a) Burial (b) Date thereof March 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bardwell Kentucky

18. (a) Signature of funeral director W. A. Bull
(b) Address 4452 Washington Pl.

19. (a) MAR 6 1941 (b) W. J. Burgess
(Date received local registrar) (Registrar's signature)

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

0
7
9

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

John Ketter

Licensed Embalmer No.

3880

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.