No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33574

FILED NOV 24 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8532

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: 811 N. Cardinal
(If not in hospital or institution, write street number or location)

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

In this community 12 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1721
(If outside city or town limits, write "RURAL") 5

(d) Street No. 811 N. Cardinal
(If rural, give location)

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

3. (a) PRINT FULL NAME Manles Price

3. (b) If veteran, name war No

3. (c) Social Security No. N/A

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Sarah Price

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 10, 1884
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	9	16	hr. min.

9. Birthplace Paris / Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Vender

11. Industry or business

FATHER
12. Name George Price
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie Dumas
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Price
(b) Address 811 N. Cardinal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/41 (Month) (Day) (Year)
(c) Place burial or cremation Washinton Park Cem.

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave.

19. (a) OCT 28 1941 (Date received local registrar) (b) J. T. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th year 1941 hour 4 minute 35: a. M.

21. I hereby certify that I attended the deceased from July 17 1940 to Oct 25 1941; that I last saw him alive on 10 25 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Insufficiency Chronic Interstitial Nephritis and Hemiplegia

Due to

Due to

Other conditions Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Clinical

Duration

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

23. Signature Erskine Johnson (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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. 1173

P. O. Address 3517 Lucile Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.