

DEC 15 1941

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

38597

Do not use this space.

1. PLACE OF DEATH

(a) County JEFFERSON Registration District No. 423
(b) Township ROCK Primary Registration District No. 5578
(c) City Jefferson (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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. da.

2. PRINT FULL NAME OTTO FREDRICK PRICE

(a) Residence, No. NEAR MANVILLE MO. JEFFERSON CO. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. U. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF = = = = =
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1854
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. ABOUT 87 - - -
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RET. BRICKLAYER
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK
13. NAME LEON PRICE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANCE
15. MAIDEN NAME JOHANNA KOEHLER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
17. INFORMANT SOLOMON HAUER (ADDRESS) REFTON MO
18. BURIAL, CREMATION, OR REMOVAL PLACE ST. JOHN'S CEM. MENAUVILLE, MO DATE NOV 15 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) HEILIGTAG FUNERAL HOME KIMMSWICK MO
20. FILED Nov 15 1941 Phil J. Kirk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 20 13 1941

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, at.....m.
The principal cause of death and related causes of importance were as follows:

Verdict of jury
apparently of natural causes

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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 or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Clemon J. A. A. Co., M.D.(Address) Kimmswick Mo50
0
0

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

Arthur W. Heiligtag

Licensed Embalmer No.

3872

P. O. Address

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

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38597

Registration District No. 423

Primary Registration District No. 5578

Registrar's No.

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Cash
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Otto J. Pice

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced. 5

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days (If less than one day in min.)

abt. 87

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to "Natural Causes"
"Verdict of jury"
Apparently Natural Causes
Due to (Inquest Nov 13-1941)

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations
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 Otto J. Pice - Acting Registrar
Address Memphis, Tenn Date signed 1/19/42

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

SUPPLEMENTARY

S-38597