

Primary Registration District No. 1005

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Days
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 5857 Greener Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Price

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Conrad Price (Deceased) 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 11 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1, year 1943 hour 11:22 minute A. M.

21. I hereby certify that I attended the deceased from June 5, 1943, to July 1, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 5 Days 20 If less than one day _____ hr. _____ min.

Immediate cause of death: Hypertensive cardiac vascular disease

Due to _____

Due to _____

Other conditions: Senile psychosis

Major findings: _____

Of operations: _____

Of autopsy: None

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

10. Usual occupation House-work

11. Industry or business At Home

12. Name Christ Mueller

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

14. Maiden name Magdaline Spinder

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

16. (a) Informant Harry Price

(b) Address 5857 Greener Ave

17. (a) Burial (b) Date thereof July 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul Cemetery

18. (a) Signature of funeral director Wm. J. Rabart

(b) Address 1905 South Grand Blvd.

19. (a) JUL 2 1943 (b) J. J. Bendish
(Date received local registrar) (Registrar's signature)

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 Thomas A. Sweetman M.D.
Address 1515 Lafayette Date signed 7-1-43

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. 3890

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, fact should be so stated above.