

S. No. 2
OM-543
y. 5-17-39*
I X36671

8144

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **2802**

FILED APR 6 1945
Registration District No. **318**

Primary Registration District No. _____

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

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Hr. 20 Mins.**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **3900 West Belle** (If rural, give location) **11**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Harold Price**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **3** day **6**
year **1945** hour **11** minute **55 P.M.**
21. I hereby certify that I attended the deceased from **10:25 A.M.**
3 - 6 **45** to **11:55 P.M. 3-6 45**
that I last saw him alive on **3 - 6** **1945**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **0**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased: **3** **6** **45**
(Month) (Day) (Year)

Immediate cause of death
Congenital Heart Disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years _____ Months _____ Days _____
If less than one day **13 hr. 30 min.**

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (State or foreign country)

14. Maiden name **Doris Price**

15. Birthplace **Pine Bluff Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary T. Duwall**

(b) Address **2601 N. Whittier Street**

17. (a) _____ (b) Date thereof **MAR 29 1945**
(Burial, cremation, _____) (Month) (Day) (Year)

(c) Place: burial **CITY CEMETERY**

18. (a) Signature of funeral director **V. B. Hudson**

(b) Address **City Health Dept**

19. (a) **MAR 28 1945** (b) **J. J. Bredich**
(Date received local registrar) (Registrar's signature)

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 **W. J. Hinkley** (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.....

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.