

No. 2
12-45
-17-39
X47070

FILED JAN 23 1947
Registration District No. 318

Primary Registration District No. 1003

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 2 days
(Specify whether years, months or days)

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. 4305 St. Louis
(If rural, give location)

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

3. (a) PRINT FULL NAME Ruby Price

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

4. Sex F-3 5. Color or race col 6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife James Price 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased march 8 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

25 10 0 hr. min.

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

10. Usual occupation house wife

11. Industry or business _____

12. Name Lonnie Moore

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

14. Maiden name Margie Pack

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

16. (a) Informant James Price

(b) Address 4305 St. Louis

17. (a) Removal (b) Date thereof 1-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, mo.

18. (a) Signature of funeral director H. B. Beal

(b) Address 2726 9th

19. (a) 10 1947 (b) J. B. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-6 19 47 to 1-8 19 47;
that I last saw h. er alive on Jan. 8 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia
Duration Undet.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy No

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? _____

23. Signature E. B. Williams (M. D. or other) _____
While at work _____ (Specify type of place) (e), Means of injury _____

Address 2601 N Whittier St Date signed 1/9/47

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 Vera Thompson Wilson
Licensed Embalmer No. 4435
P. O. Address 2726 Lucan

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.