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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11769

Registration District No. 3197

Primary Registration District No. 3063

Registrar's No. 750

1. PLACE OF DEATH:

(a) County St. Louis County

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

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

(d) Length of stay: In hospital or institution 17 hours (Specify whether
In this community 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 573 W. Essex
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HOUSTON PRICE

3. (b) If veteran, name war —

3. (c) Social Security No. 498-01-2373

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased July (Month) 1 (Day) 1904 (Year)

8. AGE: Years 42 Months 8 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation Mechanist

11. Industry or business University Tool and Plating Company

FATHER
12. Name Bruce H. Price
13. Birthplace (City, town, or county) West Va. (State or foreign country)

MOTHER
14. Maiden name Clara Wagner
15. Birthplace (City, town, or county) Ohio. (State or foreign country)

16. (a) Informant Velma Price, wife

(b) Address 573 West Essex, Kirkwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis H. Bopp, Inc

(b) Address Kirkwood, Mo.

19. (a) 4-3-47 (Date received local registrar) (b) Carl A. G. Shapiro (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1947 hour 5 minute 25 p M.

21. I hereby certify that I attended the deceased from March 29th 1947, to March 29th 1947 that I last saw him alive on March 29th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death 2nd and 3rd degree Burns 90% Body Surface

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Burns from explosion

(b) Date of occurrence 3-28-47

(c) Where did injury occur? Bridgeton, St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? University Tool & Plating Co. (Specify type of place)

While at work yes (e) Means of injury Burns

23. Signature [signature] (M. D.) MD

Address 60 Brentwood Blvd Clayton Date signed

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1947

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 Peter B Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

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.