. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36164

Registrar's No. 9614

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. John's Hospital. 6
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5601 Waterman 9
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jerre Price
3. (b) If veteran, name war World War # 2
3. (c) Social Security No. 488-07-9567
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fern Dixon Price
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased January 1, 1915 (Month) (Day) (Year)

8. AGE: Years 32 | Months 9 | Days 15 | If less than one day hr. min.
9. Birthplace St. Louis, Missouri 6 (City, town, or county) (State or foreign country)
10. Usual occupation Railroad Clerk
11. Industry or business
FATHER 12. Name Reece S. Price
13. Birthplace Palmyra, Missouri 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Berenice Mann
15. Birthplace Chester, Illinois 1 (City, town, or country) (State or foreign country)
16. (a) Informant Fern Dixon Price
(b) Address 5601 Waterman
17. (a) burail (Burial, cremation, or removal) (b) Date thereof 10-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar Blvd.
19. (a) OCT 17 1947 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 16 year 1947 hour 9 minute 7 P.M. M.
21. I hereby certify that I attended the deceased from Oct 3d 1947, 19..., to Oct 16th 1947, that I last saw h. alive on Oct 16th 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Nephritis; Uremic Convulsion;	8 days.
Due to: acute appendicitis with gangrenous appendix.	2 days.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Removal of acute gangrenous appendix.
Of autopsy: Acute nephritis.

PHYSICIAN
Underline the cause of 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 0
23. Signature Scott Hener M.D. (M. D. or other)
Address 634 N. Grand St. Louis Mo. Date signed 10-17-47.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

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.