

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County None  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2219 Cass Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County None  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2219 Cass Avenue  
(If rural, give location)  
(e) Citizen of foreign country? -- (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PRICE, Wayman  
3. (b) If veteran, name war None  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 27th  
year 1948 hour 8:55 minut 55 p. m.  
21. I hereby certify that I attended the deceased from November  
15th, 1948, to November 27th, 1948  
that I last saw him alive on November 27th, 1948  
and that death occurred on the date and hour stated above.

4. Sex Males 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rosina 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased June 1st, 1872  
(Month) (Day) (Year)

Immediate cause of death Coronary Heart Disease Duration 6 mos.  
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  
76 5 26 hr. min.  
9. Birthplace Tallahassee Florida  
(City, town, or county) (State or foreign country)  
10. Usual occupation Barber

11. Industry or business \_\_\_\_\_  
12. Name William Price  
13. Birthplace Unavailable  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen Unavailable  
15. Birthplace Unavailable  
(City, town, or county) (State or foreign country)

16. (a) Informant Rosina Price  
(b) Address 2219 Cass Avenue  
17. (a) Burial (b) Date thereof 12/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cemetery  
18. (a) Signature of funeral director Charles J. Gates  
(b) Address 4107 Finney Avenue  
19. (a) DEC 1 1948 (b) J. B. Lester  
(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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Samuel Lester (M. D. or other) \_\_\_\_\_  
Address 925 North Jefferson Date signed 11/29/48

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

MOTHER FATHER

**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.....

*Paul V. Freeman*

....., Registered Apprentice No. *276*

working under my personal supervision.

Signed.....

*John K. Cunningham*

Licensed Embalmer No. *4476*

P. O. Address *4107 Finney Ave.*

**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.**