U.S. No. 300
REV. 10-48

FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22251

BIRTH NO. 46436-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1549

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Hights
c. LENGTH OF STAY (in this place) 2 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carsonville, 4190
d. STREET ADDRESS (If rural, give location) 6787 Trimbel Ave.,

3. NAME OF DECEASED (Type or Print) a. (First) GREGORY b. (Middle) MELVIN c. (Last) PRICE

4. DATE OF DEATH (Month) (Day) (Year) June 22, 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH June 22, 1950.
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 22 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Richmond Hights, Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Melvin Price
13b. MOTHER'S MAIDEN NAME Wanda Crites
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Melvin Price 6787 Trimbel Ave.,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pre maturity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 30 min

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 776X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the decedsed from* Lived one 30 min 6-22, 1950, *to* 6-22 1950, *that I last saw the deceased alive on* 6-22, 1950, *and that death occurred at* 11.50 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE Bruce J. Pulley (Degree or title) Mo
23b. ADDRESS 6125 Barimer
23c. DATE SIGNED 6/23/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 24, 150
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Sedgewickville, Mo.

DATE REC'D BY LOCAL REG. 6-23-50
REGISTRAR'S SIGNATURE Herbert R. Klomke M.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. P.J.Reilly
6125A Bartmer Ave.,

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

No Emb.

Signed Jas. W. Clark.

Licensed Embalmer No. 1661

P. O. Address 1121 Hodiamon

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.