

No. 3007 FILED NOV 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36756

State File No. ....

10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9455**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Granite City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2140 Illinois</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Augustus</b> b. (Middle) <b>Z.</b> c. (Last) <b>Price</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 11 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Aug. 3, 1885</b>		9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Boiler Washer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Steel</b>	
11. BIRTHPLACE (State or foreign country) <b>Anniston, Alabama</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		

13a. FATHER'S NAME <b>Frank Price</b>		13b. MOTHER'S MAIDEN NAME <b>Victoria Amos</b>		14. NAME OF HUSBAND OR WIFE <b>Aura Price</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY # <b>432-30-8398</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Aura Price 2140 Ill ave</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage; Extra peritoneal</b>		ANTECEDENT CAUSES <b>hemorrhage; Multiple fractures suffered when struck by automobile driven by James R. Tobin in Jefferson County, Mo. on Hwy #61</b>				DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>Death of Tubercle #61 #67, 9:05 pm Oct 10 1952</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				_____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <b>Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jefferson County Mo</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>Oct 10 52 9:05 pm</b>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>OSU E8124</b>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **145A m.**, from the causes and on the date stated above. **95**

23a. SIGNATURE (Degree or title) <b>Joseph Indument</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>10/14/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct. 11, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Prince Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>BALD-KNOB-ARKANSAS</b>	
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DATE REC'D BY LOCAL REG. <b>OCT 14 1952</b>		REGISTRAR'S SIGNATURE <b>Paul Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank Mercer Granite City Mo</b>	
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**m83** (Licensed Embalmer's Statement on Reverse Side)

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

883

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

Signed.....

*Charles E. Mercer*

Licensed Embalmer No. *2988*

P. O. Address *Granite City, Ill.*

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.