

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6436

State File No. _____
Registrar's No. 12341

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2219</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer Phillips Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2/ 3414 Bell</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Junior</u> b. (Middle) <u>Harry</u> c. (Last) <u>Price</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 7 - 55</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 5, 1889</u>	9. AGE (In years last birthday) <u>65</u>	# UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waiter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Whiteville, Tenn.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Sheppard Price</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Franklin</u>		
14. NAME OF HUSBAND OR WIFE <u>*****</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW# 1</u>		16. SOCIAL SECURITY NO. <u>492-10-2460</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Rhea Price</u>		ADDRESS <u>2829 Washington</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Convulsions - Etiology Undetermined</u> <u>Cerebral Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>334X</u>		
22. I hereby certify that I attended the deceased from <u>2-4</u> , 19 <u>55</u> , to <u>2-7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-7</u> , 1955, and that death occurred at <u>10:00A</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>Edw. B. Williams</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2601 N. Whittier</u>		
23c. DATE SIGNED <u>2-8-55</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/10/55</u>		
24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo.</u>				
DATE REC'D BY LOCAL REG. <u>FEB 9 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Benovalent O. Friends</u>		
				ADDRESS <u>2829 Washington</u>		

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

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.....
Signature of Student Embalmer

Signed *Melvin E. Green*

Licensed Embalmer No. *442*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.