No. 300
10-48

FILED FEB 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5301

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 6

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

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VALLE
c. LENGTH OF STAY (in this place): 16 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R3 DESOTO, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JEFFERSON
c. CITY OR TOWN: DESOTO 0502
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R3

3. NAME OF DECEASED (Type or Print): a. (First) EMELIE b. (Middle) MATHILDA c. (Last) PRICE

4. DATE OF DEATH (Month) Feb (Day) 10 (Year) 1957

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: NOV 22 1896
9. AGE (In years last birthday): 61 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): ST LOUIS MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: JOHN REICHENBACH
13b. MOTHER'S MAIDEN NAME: SELMA SEIBEL
14. NAME OF HUSBAND OR ~~WIFE~~: BERNARD PRICE
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.: —
17. INFORMANT'S SIGNATURE OR NAME: BERNARD PRICE ADDRESS: R.3. DeSoto, Mo.

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): Carcinoma breast c̄ gen. metastasis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

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: 170 X
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): no m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 5, 1952, *to* Feb 10, 1957, *that I last saw the deceased alive on* Feb 8, 1957, *and that death occurred at* 11:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Noel V. McAnistry MD
23b. ADDRESS: DeSoto, Mo
23c. DATE SIGNED: Feb 11, 57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2/13/57
24c. NAME OF CEMETERY OR CREMATORY: SUNSET BURIAL PARK
24d. LOCATION (City, town, or county) (State): ST LOUIS CO. MO.

DATE REC'D BY LOCAL REG.: 2-13-57
REGISTRAR'S SIGNATURE: Marie Farris
25. FUNERAL DIRECTOR'S SIGNATURE: MAHN FUNERAL HOME ADDRESS: DESOTO MO.

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(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 16 1957

MAR 19 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Daniel J. Mahn

Licensed Embalmer No. 432

P. O. Address Ocoba, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.