MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26015

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. City Hospital #2 St. ..... Ward)

File No. 7638

Registered No. 7638

2. FULL NAME Annie Page

(a) Residence. No. 408 S. Ewing St., 22 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sam Page

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8/7/1890

7. AGE: Years 36 | Months 0 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nil
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

PARENTS

10. NAME OF FATHER: Luther Spencer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ala.
12. MAIDEN NAME OF MOTHER: Mary Sturnway
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ala.

14. INFORMANT: Pertella E. Sexton
(Address): City Hospital #2

15. FILED AUG 27 1927, 19 ..... Max C Starkcoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 22, 1927

17. I HEREBY CERTIFY, That I attended deceased from 7/30, 1927, to 8/22, 1927 that I last saw her alive on Aug. 22, 1927, and that death occurred, on the date stated above, at 5:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute Pneumonia Phthisis 23A 31

about 3 wks (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not known

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab

(Signed) L. B. Howell, M. D

, 19 (Address) City Hosp. #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Washington Park Cem.

DATE OF BURIAL: 8-28 1927

20. UNDERTAKER: Peoples Und Co.

ADDRESS: 3/8 Franklin Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...ANY UNFADING INK—THIS IS A PERMANENT RECORD