

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

Do not use this space.

33994

**1. PLACE OF DEATH**

County..... Registration District No. *1852*  
Township..... Primary Registration District No. *507082*  
City *St. Louis Mo* (No. *Barnes Hospital*) St. .... Ward)

File No. ....  
Registered No. **9341**  
St. .... Ward)

**2. FULL NAME** *William Edward Page*

(a) Residence, No. *2703 Russell ave* St. *23* Ward.

Length of residence in city or town where death occurred *40* yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <i>Male</i>	<b>4. COLOR OR RACE</b> <i>Col</i>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <i>Single</i>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <i>April 7, 1852</i>		
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>
<i>80</i>	<i>6</i>	<i>12</i>
<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <i>(Mil) Labor</i>		
<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>		
<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <i>Charlottesville West Virginia</i>		
<b>FATHER</b>	<b>13. NAME</b> <i>Simon Page</i>	
<b>MOTHER</b>	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <i>Unknown West Virginia</i>	
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <i>Sara Lewis</i>	
<b>MOTHER</b>	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <i>Unknown West Virginia</i>	
<b>17. INFORMANT (ADDRESS)</b> <i>Christine H. Blair 2703 Russell Avenue</i>		
<b>18. BURIAL, CREMATION, OR REMOVAL PLACE</b> <i>Bellefontaine</i> DATE <i>Oct 22nd 1932</i>		
<b>19. UNDERTAKER (ADDRESS)</b> <i>Charles J. Hater 4109 Forsyth Ave</i>		
<b>20. FILED</b> <i>Oct 21 1932</i> Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *10-19-1932*

**22. I HEREBY CERTIFY**, That I attended deceased from *10-4-1932*, to *10-19-1932*. I last saw him alive on *10-19-1932*. Death is said to have occurred on the date stated above, at *3:30 a.m.*. The principal cause of death and related causes of importance were as follows:

*Carcinoma of Stomach*  
*46 4 (6)*  
*1150 4 (6)*

Other contributory causes of importance: *Post operative shock*

Name of operation *Gastro-enterostomy* Date of *10-18-32*

What test confirmed diagnosis? ..... Was there an autopsy? *yes*

**23. If death was due to external causes (violence), fill in also the following:**  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

**24. Was disease or injury in any way related to occupation of deceased?** .....  
If so, specify *Louis P. Byars*, M. D.  
(Signed) *Louis P. Byars* (Address) *Barnes Hoop*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

A MARGIN RESERVED FOR BINDING

