

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.

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

Do not use this space.

APR 25 1935

10391

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City St. Louis (No. 5400) Helen Ave. St. _____ Ward _____

File No. _____
 Registered No. 29

2. FULL NAME

Anna Page
 (a) Residence, No. 5401 Janet St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) <u>Dr. Edmund</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Page deceased</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 22 - 1871</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>3</u>	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	FATHER	13. NAME <u>Harman Schulz</u>		
		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ger</u>		
		15. MAIDEN NAME <u>Amkoun</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ger</u>				
17. INFORMANT <u>George Page</u> (ADDRESS) <u>5401 Janet</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Manonah Pl</u> DATE <u>Mar 9 1935</u>				
19. UNDERTAKER (ADDRESS) <u>Drehman Hospital</u> <u>1905 Union Bldg</u>				
20. FILED <u>Mar 6 1935</u> <u>H. A. Geitler</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5/1935 19__

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__.

I last saw h _____ alive on _____, 19__. Death is said to have occurred on the date stated above, at 7:30 PM

The principal cause of death and related causes of importance were as follows:

Pedestrian struck by auto on Helen Ave. 5400 Block St. Ferdinand Township, St. Louis County, Mo. Post Mortem finding: Fracture of upper left leg, (tibia and fibula)

~~XXXXXX~~
Fracture of sternum between second and third ribs. Fracture 5, 6, 7, 8, 9 and 10th posteriorly, also second 3, 4, 5, 6, 7, 8, 9 and 10th of the left

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide OVER 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 _____ 3/6/35
 (Signed) Luke B. Turner M. D.
 (Address) 3718 Jennings Rd
Corn. St. Louis, Mo.

side anterior and also angle or ribs. Rupture
of right lobe of liver. Complete crushing of the
8th thoracic vertebra. Rupture of both lungs,
and contusion.

Secondary; Depressed laceration of brain, concussion
of brain with internal hemorrhage and shock.

Verdict of Jury; By an automobile operated
by Clarence Perrin under circumstances beyond
his control and we the jury declare the accident
unavoidable.