

MAR 12 1936

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

Do not use this space.

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1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City Saint Louis (No. City Hospital) St. Ward.....
File No.
Registered No. 1436

2. FULL NAME Robert C. Bage,

(a) Residence, No. 4875a Farlin Ave. St. 7 Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 8s. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Bage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
67 5 -----

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stretcher-bearer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Theodore Bage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Belle Jennings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Pearl Bage (ADDRESS) 4875a Farlin Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Feb. 8, 1936

19. UNDERTAKER (ADDRESS) Craig Undertaking Co. 4468 Washington Blvd.

20. FILED FEB 19 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1936

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 6:55 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Dystentia (cause unknown)
The myocarditis
Obstruction of small Bowel (cause unknown)
Other contributory causes of importance:
The Interstitial Nephritis

Name of operation..... Date of.....
What test confirmed diagnosis? 131 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.....
(Signed) Harold D. Dwyer, M.D.
(Address) Capitol

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.

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

