

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

Do not use this space.

96 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... St. Louis, (No.....)

City Hospital No. 1

B. 14848

William Gage

2. FULL NAME.....

(a) Residence, No..... 4458 Washington St., 19 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.

FEB 8 1937

791
1003

File No.....

3620

Registered No.....

654

St..... Ward.....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23, 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

54

3

22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

laborer 183

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

Sewer Dept. City St. Louis

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)

Glasgow Scotland

13. NAME

John Gage

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

Scotland

15. MAIDEN NAME

Elizabeth Fotherham

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

Scotland

17. INFORMANT (ADDRESS)

Hosp. Info. J. H. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter's Church DATE 1-18-37

19. UNDERTAKER (ADDRESS)

Kriegshauser Mortuaries 4228 So. Douglassway

20. FILED

JAN 15 1937

J. H. Bredek Registrar

MEDICAL CERTIFICATE OF DEATH

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

1/14/37

22. I HEREBY CERTIFY, That I attended deceased from 1/12/37, 1937, to 1/14/37, 1937.

I last saw him alive on 1/14/37, 1937. Death is said to have occurred on the date stated above, at 6.10 p.m.

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

Brachiojenunior
107

Other contributory causes of importance:

Name of operation..... Date of.....

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

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)

A. W. Jones

(Address)

City Hospital No. 1

M. D.

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.

