

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

Do not use this space.

1. PLACE OF DEATH **SEP 10 1937**

County.....
Township.....
City St. Louis,

Registration District No. **791**
Primary Registration District No. **1003**
(No. St. Lukes Hospital.)

File No. **28899**
Registered No. **7532**
St. Ward)

2. FULL NAME J. Harry Page,
(a) Residence, No. 5646 Kingsbury Plc. St. 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 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 Irene G. Page.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 16, 1891.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
57 45. 7. 23.

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

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

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Braceville Township, (STATE OR COUNTRY) Illinois.

13. NAME John Henry Page.

14. BIRTHPLACE (CITY OR TOWN) Kankakee, (STATE OR COUNTRY) Illinois.

15. MAIDEN NAME Harriett Bell Conklin.

16. BIRTHPLACE (CITY OR TOWN) Kankakee, (STATE OR COUNTRY) Illinois.

17. INFORMANT Mrs Irene G. Page. (ADDRESS) 5646 Kingsbury Plc.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE Aug 10th, 1937

19. UNDERTAKER C. R. Lupton-& Sons. (ADDRESS) 4449 Olive Street.

20. FILED J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 31st, 1937, to Aug 9, 1937
I last saw him alive on Aug 8, 1937. Death is said to have occurred on the date stated above, at 5:25 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary sclerosis

Other contributory causes of importance:

Cerebral embolism

Date of onset

1931?

Aug 7, 37

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

(Signed) Truman S. Drake, M. D.

(Address) 3720 Washington

AUG 9 1937

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.

W. H. H. Drake
Beaumont Bldg
je - 4511
1-4 P. M.

JUL 8 1941