

JAN 24 1938

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

46640
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 785
 (b) Township Manchester Primary Registration District No. 6031 Registered No. 181
 (c) City Bonhomme (d) Street No. Manchester Nursing Home St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. (f) How long in U.S., if of foreign birth, yrs. mos. ds.

2. PRINT FULL NAME

Ella B. Page
 (a) Residence, No. Manchester Nursing Home St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William R. Page
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4th. 1854
 7. AGE YEARS 83 MONTHS 6 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Nil
 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) Virginia

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Phil Brockman, 2135 Selmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue Cemetery DATE Dec 31 - 1937

19. FUNERAL DIRECTOR (ADDRESS) P. R. Lupton + Sons, # 4449 Olive St

20. FILED 12-30-1937 Agnes C. Kelly Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30 1937

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1934, to Dec. 30, 1937
 I last saw her alive on Dec. 29, 1937. Death is said to have occurred on the date stated above, at 12:05 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
181
 Other contributory causes of importance:
Senility
Chronic nephritis
Chronic cholecystitis

Date of onset Dec. 1937

Name of operation none Date of
 What test confirmed diagnosis? Physical Was there an autopsy? no

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 home
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signed) B. R. Loving, M. D.
 (Address) Ballwin, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, C. R. Lupton & Sons, Licensed Embalmer No. #9123

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Clarence H. Murray

L. E.
No. #4011 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed C. R. Lupton & Sons
Licensed Embalmer No. #9123

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)