

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

REC'D MAR 14 1938

791
1008

Do not fill in this part.
5259

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. ST. LOUIS Registered No. 1904
 (c) City St. Louis, mo (d) Street No. 500 S. Kingshighway Children Hosp. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Robert Paige 200
 (a) Residence, No. 12045 Vandeventer St. 18 (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 <u>m</u>	4. COLOR OR RACE <u>w.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-22-37</u>		
7. AGE YEARS <u>9</u>	MONTHS <u>10</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>child</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc. <u>child</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis - mo.</u>		
13. NAME <u>Robert</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Cons in</u>		
15. MAIDEN NAME <u>Opal Jones</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>M. E. Matthews.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset</u> DATE <u>2-24-38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Krieghauser Mortuaries</u> <u>4228 So. Highway</u>		
20. FILED <u>FEB 23 1938</u> <u>J. P. Bredeck</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21-38

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1937, to 2-21, 1938
 I last saw him alive on 2-21, 1938. Death is said to have occurred on the date stated above, at 6 p.m.
 The principal cause of death and related causes of importance were as follows:
Dysentery, Hem. Ruseel
(Bacillary)
 Date of onset 1-2-38

Other contributory causes of importance:
Spasms of the bowels

Name of operation Bilateral Ostratomy Date of 2-7-38
 What test confirmed diagnosis? Culture 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) Ralph N. Darlow, M. D.
 (Address) 500 S. Kingshighway

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed *Reinhold K. Schuman*

Licensed Embalmer No. *3395*

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