

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20687  
Registrar's No. 5531

RECORDED JUL 12 1939

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1008  
(a) County St Louis  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: CITY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 DAY  
(Specify whether \_\_\_\_\_)  
In this community 4 YEARS  
(years, months or days)

3. (a) PRINT FULL NAME: FRED R PAGE ET  
3. (b) If veteran, name war: no  
3. (c) Social Security No.: 489-14-2605

4. Sex: Male  
5. Color or race: White  
6. (a) Single, widowed, married, divorced: divorced  
6. (b) Name of husband or wife: \_\_\_\_\_  
6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: UNKNOWN  
(Month) (Day) (Year)

8. AGE: Years about 56 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation: COOPER

11. Industry or business: BARREL MAKING

12. Name: JOSEPH D PAGE ET

13. Birthplace: DAYTON OHIO  
(City, town, or county) (State or foreign country)

14. Maiden name: EMILY MAREIN

15. Birthplace: BIGGSVILLE ILLS  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Earl Page ET

(b) Address: 315 Linwood Bl. Kansas City, Mo

17. (a) Burial (b) Date thereof: June 22, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: New St Marcus

18. (a) Signature of funeral director: Henry L Weidmann  
(b) Address: 6203 Gravois av

19. (a) JUN 22 1939 (b) J. Friedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town ST LOUIS 1 [25]  
(If outside city or town limits, write "RURAL")  
(d) Street No. 609 A MARKET  
(If rural, give location)  
(e) If foreign born, how long in U.S.A.? \_\_\_\_\_ years.

20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_  
year 1939 hour 6 minute 15 A M.  
MEDICAL CERTIFICATION  
No attending physician

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage  
apoplexy  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature: Walter J. Perry (M.D. or other) \_\_\_\_\_  
Address: Slippery Rock Date signed: 6/22/39

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Albert J. Hayes* .....

Licensed Embalmer No..... *2971* .....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**