

D. 2
1939
K21492

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13692

State File No. _____

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3894**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5092 Wells Ave **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Stella Le Page **120**

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nelson LePage 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 15 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 14 hr. min.

9. Birthplace Portage Des Sioux Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business **2**

12. Name Louis Hebert

13. Birthplace Canada
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Delisle

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Adole Le Page
(b) Address 5092 Wells Ave

17. (a) Burial (b) Date thereof May 1 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portage Des Sioux, Mo.

18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd

19. (a) APR 30 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **6**
(If outside city or town limits, write "RURAL")
(d) Street No. 5092 Wells Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1940 hour 6:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 17 - 1939
_____ 19 _____ to April 29 1940;
that I last saw her alive on April 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____
Due to _____
Other conditions Chronic Interstitial Nephritis
(Include pregnancy within 3 months of death)

Duration
Female
to
say
"
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

Major findings:
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Peter A Eck (M. D. or other) _____
Address 4701 St Louis Ave Date signed 4/30/40

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 _____

Licensed Embalmer No. 2971

P. O. Address _____

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.)

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