

No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26797

Registrar's No. 6589

Registration District No. 7911

Primary Registration District No.

1. PLACE OF DEATH: **St. Louis, Mo.**

(a) County

(b) City or town

(c) Name of hospital or institution: **City Sanitarium**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 yrs. 3 mos. 29 days**

In this community **26 years**

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County

(c) City or town **St. Louis**

(If outside city or town limits, write "RURAL")

Street No. **1428a N. Kingshighway Blvd.**

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Emma Page**

3. (b) If veteran, name war **No**

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11** year **1941** hour **10:10** minute **A.** M.

4. Sex **Female**

5. Color or race **white**

6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Lewis Page**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 2, 1880**

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **7-1-41**, 19____, to **8-11-41**, 19____;

that I last saw her alive on **8-11-41**, 19____;

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
61	2	9	hr. min.

Immediate cause of death

Manic Depressive Psychosis (onset 4-14-1930x)

Due to **Generalized Arteriosclerosis (onset 4-14-1930x)**

Due to _____

9. Birthplace **Crece Couer Missouri**

(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **No.**

10. Usual occupation **Housewife**

11. Industry or business **Housewife**

12. Name **Theodore Kaetmann**

13. Birthplace **Elsace Lorraine Germany 4**

(City, town, or county) (State or foreign country)

14. Maiden name **Helena Offerman**

15. Birthplace **St. Louis Missouri 0**

(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Clara Jacob**

(b) Address **5200 Grandview St**

17. (a) **Burial** (b) Date thereof **9/13/41**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **See See Cemetery**

18. (a) Signature of funeral director **Benjamin R. ...**

(b) Address **Overland**

19. (a) **AUG 12 1941** (b) **J. J. ...**

(City, town, or county) (Registrar's signature)

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 **H. J. Bubliss** (M. D. or other) **M.D.**

Address **5200 Grandview** Date signed **9-12-41**

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.....

Gustave R. Bannam

Licensed Embalmer No.

2315

P. O. Address.....

Coneland Mo

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, fact should be so stated above.