

FILED NOV 30 1944 318

Primary Registration District No. 1003

Registrar's No. 9913

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Masonic Home of Missouri 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 yrs. 11 mos  
(Specify whether years, months or days)

In this community 20 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis <sup>had</sup>

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5351 Delmar Blvd  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Jane Page

3. (b) If veteran, name war WW I

3. (c) Social Security No. 44-4444444

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife George A. Page 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 24, 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 9 27 hr. \_\_\_\_\_ min.

9. Birthplace Huntsville, Alabama 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Alton Tipton

13. Birthplace Don't know 1  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Settles

15. Birthplace South Carolina 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Ina French

(b) Address 5351 Delmar

17. (a) Burial (b) Date thereof 11-22-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ziegenhein Brothers

(b) Address 6409 Gravois Ave

19. (a) NOV 22 1944 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20  
year 1944 hour 2.00 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from November 3, 1941 to November 20, 1944  
that I last saw her alive on November 19, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 2 days  
Duration

Due to Myocarditis 3 yrs.

Due to \_\_\_\_\_ 9/2

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury? \_\_\_\_\_

23. Signature J. F. Bredeck (M. D. or other) \_\_\_\_\_  
Address Metropolitan Building Date signed \_\_\_\_\_

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**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

*Homer W. Fritz*

Licensed Embalmer No.

*3887*

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, fact should be so stated above.**