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FILED APR 21 1947

Registration District No.

Primary Registration District No.

1008

Registrar's No. 3771

1. PLACE OF DEATH:

(a) County.....
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Months
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5127 Lexington Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Selma M. Kage

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

3. (c) Social Security No.....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward Kage

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased October 10th 1905
(Month) (Day) (Year)

8. AGE:

Years 41 Months 5 Days 29

If less than one day hr. min.

9. Birthplace Staunton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name August Varwig

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

14. Maiden name Minnie Schuette

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

16. (a) Informant Edward Kage
(b) Address 5127 Lexington Avenue

17. (a) Burial (b) Date thereof Apr. 12th, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Boulevard

19. (a) APR 9 1947
(Date received local registrar)

J. J. Brudeck
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1947 hour 5¹⁵ minute 25 A. M.

21. I hereby certify that I attended the deceased from Jan 8, 1946, to April 9, 1947,
that I last saw h..... alive on....., 19.....,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of colon with metastases throughout abdomen and retroperitoneally
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy

Duration
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?..... Means of injury.....

23. Signature James A. Gorse (M. D. or other) M.D.
Address 3903 Olive Date signed 4-9-47

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

3903 & 6th St.
Me. 1243
W. 0195
Me. 6080
1-2

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 John A. Mlinar
Licensed Embalmer No. 4186
P. O. Address St. Louis 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.