S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 31 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29739

Registration District No. ..... Primary Registration District No. 3063 Registrar's No. 1663

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland (If outside city or town limits, write "RURAL")
(d) Street No. 9706-Midland Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME George Myron Page
3. (b) If veteran, name war World War #2
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 27 (Day) 1927 (Year)

8. AGE: Years 20 Months 3 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business self

FATHER
12. Name Henry Roy Page
13. Birthplace Berne (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Eugenie Lutz
15. Birthplace Iola (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Eugenie Page
(b) Address 9706-Midland Ave-Overland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Lebanon Cemetery
18. (a) Signature of funeral director Bannaman Brother
(b) Address 2504-Woodson Rd-Overland, Mo.
19. (a) 8-5-47 (Date received local registrar) (b) Cecil A. Shaffner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2 year 1947 hour ..... minute ..... M.
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 Fractured skull & serious body injuries suffered while driving his automobile which xxx collided with a truck

Due to .....

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

Major findings: Of operations .....

Duration .....

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence August 2, 1947.
(c) Where did injury occur? St. Louis County, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road. (Specify type of place)
While at work? ..... (e) Means of injury Blunt impact
23. Signature Gerald J. Willmann Coroner (M. D. or other)
Address Clayton, Mo. Date signed 8/5/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1947

SEP 2 1947

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 Oscar I. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.