S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10549

Registrar's No. 2763

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Alexian Brothers Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether

In this community 27 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 816 - Hamilton (If rural, give location) 9

5

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME CARLISLE W.C. PAGE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife EDITH

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

7. Birth date of deceased AUGUST (Month) 4 (Day) 1895 (Year)

8. AGE: Years 52 Months 7 Days 16 If less than one day hr. min.

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

10. Usual occupation CHEMICAL ENGINEER

11. Industry or business COPPERS CO., INC.

FATHER
12. Name CHARLES I. PAGE
13. Birthplace CONNECTICUT (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name GRACE CHAMBERLAIN
15. Birthplace TEXAS (City, town, or county) (State or foreign country) 1

16. (a) Informant EDITH PAGE

(b) Address 816 HAMILTON

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR (Month) 23 (Day) 1948 (Year)

(c) Place: burial or cremation NEW PHILADELPHIA, OHIO

18. (a) Signature of funeral director Thomas Kutis + Son

(b) Address 2906 GRAVOIS

19. (a) MAR 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1948 hour 8 minute 45 A M.

21. I hereby certify that I attended the deceased from April 26th 1946, 19 to March 20, 1948 that I last saw him alive on March 19th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Metastasis Carcinoma of Transverse Colon

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 3 years

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? (e) Means of injury 0

23. Signature [signature] (M. D. or other) [signature]

Address 3606 Travis Date signed 3/20/48

(Licensed Embalmer's Statement on Reverse Side) Wm. C. Weinsberg

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. Leo J. Budde

Licensed Embalmer No. 3989

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.