

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6537**  
**1981**

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>1981</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>4180 West Belle Pl.</b>		
3. NAME OF DECEASED (Type or Print) <b>William</b>		a. (First) <b>William</b>	b. (Middle) <b>Page</b>	c. (Last)
4. DATE OF DEATH <b>Feb. 25 1949</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>Negro</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>March 1st 1892</b>		
9. AGE (In years last birthday) <b>56</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		
11. BIRTHPLACE (State or foreign country) <b>Jackson Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Not known</b>		13b. MOTHER'S MAIDEN NAME <b>Not known</b>		14. NAME OF HUSBAND OR WIFE <b>--</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>World # 1</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sadie Burris</b> ADDRESS <b>4180 West Belle Pl.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Inoperable Carcinoma of the Stomach</b>		INTERVAL BETWEEN ONSET AND DEATH		
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from <b>1-22-</b> , 19 <b>49</b> , to <b>2-25</b> , 19 <b>49</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Charles J. Gates</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>2-26-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/2/1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson Cem.</b> 24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Missouri</b>
DATE REC'D BY LOCAL REG. <b>MAR 2 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Sabater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b> ADDRESS <b>4107 Finney Ave.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

STATE OF CALIFORNIA

DEPT. OF HEALTH

**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 \_\_\_\_\_

*Paul V. Freeman*

Student Embalmer No. 276

working under my personal supervision.

Student

*Paul V. Freeman*

Student Embalmer

Signed

*James J. [Signature]*

Licensed Embalmer No. 4279

P. O. Address 4107 [Signature]

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.