

S. No. 200
V. 10-28

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40064

State File No.

REC'D DEC 8 - 1951

BIRTH NO. REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 3064 Registrar's No. 3777

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>4009</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u> <u>4109</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>432 Darst Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>432 Darst Rd.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Amelia</u> b. (Middle) <u>Churchill</u> c. (Last) <u>Page</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1951</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 29, 1865</u>	9. AGE (In years last birthday) <u>86yrs</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 2 WKS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Spinster</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Y Page</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wash</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Page Hereford</u> ADDRESS <u>4905 Lindell Blvd.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Regenerative Cardiovascular renal disease & hypertension</u> DUE TO (c) <u></u>		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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I hereby certify that I attended the deceased from Oct 15, 1951, to 21 Nov, 1951, that I last saw the deceased alive on 20 Nov, 1951, and that death occurred at 4:05 a.m., from the causes and on the date stated above.

22a. SIGNATURE <u>Robert P. Lombke, M.D.</u> (Degree or title)	22b. ADDRESS <u>212 W. Pleasant Ferguson, Mo</u>	22c. DATE SIGNED <u>11/22/51</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 23, 1951</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-22-51</u>	REGISTRAR'S SIGNATURE <u>Robert P. Lombke, M.D.</u>	24. FUNERAL DIRECTOR'S SIGNATURE <u>W. Alexander + Sons</u> ADDRESS <u>6175 Delmar</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Joseph Judy
202 S Florisante
Vi 70709

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Joseph E. McCulloh

Licensed Embalmer No.

2460

P. O. Address

6475 Palmar

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.