

30423

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10. 48

State File No. _____

XG 7 564 750
Reg.# 102,123
MND SEP 5-1952
BIRTH MO. _____

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2179

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write BURAL and give OR TOWN JEFFERSON BARRACKS, MO.)		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 92 days		d. STREET ADDRESS (If rural, give location) 4571 PAGE BLVD.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) LOUIS			8 15 52		
b. (Middle) (NMI)			c. (Last) PAGE		
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 7-27-16		9. AGE (In years last birthday) 36		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY City Fireman		11. BIRTHPLACE (City and State or Foreign Country) Clarksville, Mississippi	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. IF UNDER 24 HOURS Min.	

13a. FATHER'S NAME Louis Page Sr.		13b. MOTHER'S MAIDEN NAME Caroline Perry		14. NAME OF HUSBAND OR WIFE Wilka Page	
--	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WWII 486 28 0924		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO.	
(If yes, give war or dates of service)				ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Regurgitation with acute asphyxia			DUE TO (b) Neuromyelitis optica, manifested by complete transverse myelitis, upper cervical					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) cord of undetermined etiology resulting in a flaccid quadriplegia, complete, of the lower extremities					
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)								

19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 355X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------------------	--	--	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
NONE		NONE		NONE	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR NONE	
---	--	--	--	---------------------------------------	--

22. I hereby certify that I attended the deceased from 5-15, 1952, to 8-15, 1952, and that death occurred at 11:45 am., from the causes and on the date stated above.

23a. SIGNATURE Kenneth A. Forbes M.D.		23b. ADDRESS VA HOSPITAL, JEFF. BRKS., MO.		23c. DATE SIGNED 8-15-52	
--	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8/20/52		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 8-19-52		REGISTRAR'S SIGNATURE H. D. ...		25. FUNERAL DIRECTOR'S SIGNATURE EB ...		ADDRESS 122 ...	
---	--	--	--	--	--	------------------------	--

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Lawrence Creams

Licensed Embalmer No. 7755

P. O. Address 1221 N. Grand

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.