

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13600**
2910

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. John #2011	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		f. STREET ADDRESS (If rural, give location) 8666 North Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Louis	b. (Middle) Earl	c. (Last) LePage	4. DATE OF DEATH (Month) (Day) (Year) Mar. 29, 1955
-------------------------------------	-------------------------	-------------------------	-------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 20, 1911	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Salesman		10b. KIND OF BUSINESS OR INDUSTRY Pevely Dairy		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Louis J.B. LePage	13b. MOTHER'S MAIDEN NAME Clara Steuckel	14. NAME OF HUSBAND OR WIFE Marian C. LePage
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 492-09-5349	17. INFORMANT'S SIGNATURE OR NAME Marian C. LePage	ADDRESS 8666 North Ave.
--	--	---	--------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Esophageal varices with severe hemorrhage liver damage result of fatty infiltration		INTERVAL BETWEEN ONSET AND DEATH 8 hrs
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broncho pneumonia		
19a. DATE OF OPERATION none		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5810

22. I hereby certify that I attended the deceased from **Mar 24 1955**, to **Mar 29 1955**, that I last saw the deceased alive on **Mar 28, 1955**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. J. Verda M.D.	(Degree or title)	23b. ADDRESS 4500 Olive	23c. DATE SIGNED 3-31-55
--	-------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-1-1955	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.	24d. LOCATION (City, town, or county) (State) Wellston, Mo.
--	---------------------------	---	--

DATE REC'D BY LOCAL REG. APR 21 1955	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. EMERALD DIRECTOR'S SIGNATURE Paul Mann	ADDRESS 2504 Woodson Rd - Overland, Mo.
---	---	---	--

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

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
Signature of Student Embalmer

Signed *David C. Gibson*

Licensed Embalmer No. *34*

P. O. Address *Overland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.