

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2994

FILED FEB 6 1957

318

1003

State File No. 228

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) DOA		c. CITY OR TOWN Lemay 4870		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 38 Alexian Bros. Hospital				e. STREET ADDRESS (If rural, give location) 27 201 W. Felton Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) ELLA		b. (Middle) MARY		c. (Last) PAGE	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1957	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		8. DATE OF BIRTH March 8, 1893		9. AGE (In years last birthday) 63 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____	
11. BIRTHPLACE (City and State or Foreign Country) 0 Cape Girardeau, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Steven		13b. MOTHER'S MAIDEN NAME Jane Huff	
13c. NAME OF HUSBAND OR WIFE James Page		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 492-12-1864	
17. INFORMANT'S SIGNATURE OR NAME Melba Lewis		17. INFORMANT'S SIGNATURE OR NAME		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS 8519 Water St.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial infarction</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>hypertensive cardio vascular disease</i> DUE TO (c) <i>Arterio sclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Ch. Hepatitis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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?			
22. I hereby certify that I attended the deceased from <i>Jan 1, 1956</i> , to <i>Jan 8, 1957</i> , that I last saw the deceased alive on <i>1/3, 1957</i> , and that death occurred at <i>8:00 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Therese Schubert M.D.</i>				23b. ADDRESS <i>2000 S. Broadway</i>		23c. DATE SIGNED <i>1/8/57</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>1/11/57</i>		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park		24d. LOCATION (City, town, or county) (State) Affton 23, Mo.	
DATE REC'D BY LOCAL REG. JAN 9 '57		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.		ADDRESS 7420 Michigan Ave.	

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

Dr. Sieberts
2000 So. Bwd'y
6 till 8 P.M.

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 *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Michigan*

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.