

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10610
 State File No. 1167

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): a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.,		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 Year		e. STREET ADDRESS (If rural, give location) 8515 Riverview Blvd.,	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 31 St. Louis State Hospital 5 2089			
3. NAME OF DECEASED (Type or Print) a. (First) Julia Julia		b. (Middle) Carrie C.	
c. (Last) Le Page Le Page		4. DATE OF DEATH (Month) (Day) (Year) February 5, 1957.	
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Dec. 29, 1886
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Potthoff	
13b. MOTHER'S MAIDEN NAME Elizabeth Albers		14. NAME OF HUSBAND OR WIFE Thomas E. Le Page, (Deceased).	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-26-7749	
17. INFORMANT'S SIGNATURE OR NAME Mr. Albert Le Page, 8515 Riverview Blvd.,		ADDRESS	
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: Fracture of Right Rib; Fracture of Left Femur; Fracture of Left Tibia at St. Louis State Hospital; Pneumonia and		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hospital; Pneumonia and		II. OTHER SIGNIFICANT CONDITIONS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: Major of same cause that be determined	
20a. PLACE OF DEATH (Specify) Home		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 13	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) E904.7		20d. MUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour)		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. HOW DID INJURY OCCUR? 45		21d. HOW DID INJURY OCCUR? 45	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Print name or title) Deputy Registrar		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 2/5/57		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-8-1957	
24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. FEB 5 '57		REGISTRAR'S SIGNATURE J. Carl Smith Mo. 2089	
25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son Inc. 2161 E. Fair Ave.,		ADDRESS	

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..... *Helford B. Burnley*

Licensed Embalmer No. *420*

P. O. Address..... *St Louis Mo*

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.