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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23630

FILED AUG 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6075

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 6 (If outside city or town limits, write "RURAL")

(d) Street No. 0 1523 Arlington (If rural, give location)

(e) If foreign born, how long in U. S. A.? [illegible] years.

3. (a) PRINT FULL NAME John P. Gage 200

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 18 (Day) 1917 (Year)

8. AGE: Years 23 Months 6 Days 1 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Student at Blind Craft School

11. Industry or business Blind Craft

FATHER
12. Name John Gage
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Helen Thompson
15. Birthplace Dallas (City, town, or county) Texas 1 (State or foreign country)

16. (a) Informant Helen Gage

(b) Address 1523 Arlington

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-22-40 (Month) (Day) (Year)

(c) Place: burial or cremation St Peters Cem

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd

19. (a) JUL 20 1940 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1940 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Apoplexy.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 82a

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 5

23. Signature Alfred Geary (M. D. or other)

Address Supply Coroner Date signed 7/20/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.