DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30221

Registration District No. 7911 · Primary Registration District No. 1003 · Registrar's No. 7498

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 3 weeks 1 day (Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nil

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

(d) Street No. 6973 Winona Ave (If rural, give location)

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

3. (a) PRINT FULL NAME Idale Delphine Page

3. (b) If veteran, name war

3. (c) Social Security No. Nil

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Ernest Sherman Page

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

7. Birth date of deceased Sept. 19, 1877 (Month) (Day) (Year)

8. AGE: Years 62 | Months 11 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Fletcher, Jefferson Co., Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Elias Rousan
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Delphina Boyer
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Elmer Page

(b) Address 6973 Winona Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Mittelberg Fun. Home, Inc

(b) Address Webster Groves, Mo.

19. (a) SEP 6 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-5 day 40 year ..... hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from 8-14, 19..., to 9-5, 19...; that I last saw her alive on 9-5, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Entire Abdomen	
Due to Originate Uterus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Ca of Entire Abdomen

Of autopsy

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

23. Signature P B Cappel (M. D. or other)

Address 3239 Ivanhoe Date signed 9/6/40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....J. G. Sullivan.....

Licensed Embalmer No.....

P. O. Address.....1122.....

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.