

Filed AUG 6 1947 91

Registration District No.

Primary Registration District No.

Registrar's No.

6241

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DEACONNESS HOSPITAL
(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 MISSOURI (b) County 96
(c) City or town BRENTWOOD (If outside city or town limits, write "RURAL") NR
(d) Street No. 8837 MADGE
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21
year 1947 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 21, 1947 to July 21, 1947
that I last saw h _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Due to Eclampsia in mother

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Cerebral Edema
Of operation _____
Of autopsy None

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) None
(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?

While at work? _____ (Specify type of place)
(e) Mechanism of injury _____
23. Signature J. F. Budosh (M. D. or other)
Address 634 N. ... Date signed _____

3. (a) PRINT FULL NAME STEPHEN PAIGE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 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. (Month) _____ (Day) _____ (Year) _____

8. AGE: Years _____ Months _____ Days _____ If less than one day 10 hr. _____ min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name DAVID PAIGE

13. Birthplace MASSACHUSETTS
(City, town, or county) (State or foreign country)

14. Maiden name DEATRICE HOLDER

15. Birthplace LOUISIANA
(City, town, or county) (State or foreign country)

16. (a) Informant DAVID PAIGE

(b) Address 8837 MADGE BRENTWOOD MO

17. (a) BURIAL (b) Date thereof 7/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Thos. Kutis, son

(b) Address 2906 GRAVIS

19. (a) JUL 23 1947 (Date received local registrar) J. F. Budosh (Registrar's signature)

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

MOTHER FATHER

Dr. G. Barrett

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. Hordates*
Licensed Embalmer No. *1619*
P. O. Address *2906 Garrow*

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, fact should be so stated above.