

FILED JAN 12 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11907

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary.
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 10 Mo, 4 Days
In this community 2 1/2 Yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County.....
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2732 Burd Ave
(If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth Page,
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 30
year 1943 hour 1 minute 45 A.M.
21. I hereby certify that I attended the deceased from 12/20
19 43 to 12/30 19 43
that I last saw h er alive on 12/29 19 43
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased. 10 19 1884
(Month) (Day) (Year)

Immediate cause of death. Intestinal Infection Duration 6 days
Influenza 10 days

8. AGE: Years Months Days If less than one day
59 2 11 hr. min.

Other conditions (Include pregnancy within 3 months of death)
Chronic hypoxaemia Heart
Arteriosclerosis postembolic Perforation pleur
Major findings: Physician
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

9. Birthplace Troy, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House Work.

11. Industry or business.....
12. Name Joseph Page,
13. Birthplace Ireland. (City, town, or county) (State or foreign country)
14. Maiden name Tennessee Barnes,
15. Birthplace Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant Sam J. Buchak
(b) Address 8800 Arsenal St.
17. (a) Removed (b) Date thereof 12-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo. Central Ave. N. La.
18. (a) Signature of funeral director Kemp Funeral Home.
(b) Address Troy Mo.
19. (a) DEC 20 1943 (b) J. F. Brudeak (Registrar's signature)

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?
While at work? (Specify type of place) (e) Means of injury.....
23. Signature Arthur J. Brudeak (M. D. or other) 12/30/43
Address 5800 Arsenal Date signed 12/30/43

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

To be embalmed on 7 Aug 1968

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, fact should be so stated above.