S. No. 2
M—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28311

State File No.

FILED AUG 20 1945

Registration District No. 3012 Primary Registration District No. 6051

Registrar's No. 88

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
St. Charles County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St.Charles 92

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mildred Luella Gage

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife James David Gage

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased January 4, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	6	9	hr. min.

9. Birthplace St. Aubert-Osage Co, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Quick
13. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucinda Quick
15. Birthplace Osage County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Vivian Gage (Son)
(b) Address 531 Monroe St-St.Charles,Mo.

17. (a) burial (b) Date thereof July 14-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove-St.Charles,Mo.

18. (a) Signature of funeral director H.C. Dallmeyer & Sons Co
(b) Address 801 N. 2nd St-St.Charles,Mo.

19. (a) 7/17/45 (b) Ernst E. Paule
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1945 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from July 12th, 1945 to July 13th, 1945
that I last saw her alive on July 12th, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	24 hrs.
Due to	
Due to Gen Arterio-sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no.

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 U P Erich Schulz (M. D. or other)
Address St Charles Mo. Date signed 7/17/45

1340

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9

District File Number .....

Date Filed 8-16-45

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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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 this body is not embalmed, fact should be so stated above.