

FILED APR 14 1947

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **2195**

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution 7-8-46/3-22/47
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3401 La Salle St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME George Washington Page

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22
year 1947 hour 12 minute 30a. M.

21. I hereby certify that I attended the deceased from 7
9 19 46 on 3/22 19 47
that I last saw him alive on 3-31 19 47
and that death occurred on the date and hour stated above.

4. Sex Male Color Color

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

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

7. Birth date of deceased 7/11 20 1881
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia

Due to _____

Due to _____

Other conditions Hypertensive Cardiovascular Disease Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

65 4 2 hr. _____ min.

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Ky
(City, town, or county) (State or foreign country)

10. Usual occupation? _____

11. Industry or business _____

MOTHER FATHER { 12. Name George Page

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

14. Maiden name Susie

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

16. (a) Informant City Infirmiry Records

(b) Address 5800 Arsenal St.

17. (a) _____ (b) Date thereof 3 31 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director W. F. Waller

(b) Address 2707 St. Charles St.

19. (a) APR 2 1947 (b) J. J. [Signature]
(Printed name of Registrar) (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 John E. Kelly (M. D. or other) MD

Address 5600 Arsenal Date signed 3/23/47

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

0495

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 J Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Shortear

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.