

o. 2
/47
7-39

National Office of Vital Statistics
FILED JUL 31 1947
Registration District No. 17

Primary Registration District No. 3069

1365

1. PLACE OF DEATH:

(a) County..... **St. Louis**

(b) City or town..... **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether weeks, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Illinois** (b) County..... **Johnson** **999**

(c) City or town..... **Vienna** **11**
(If outside city or town limits, write "RURAL.")

(d) Street No..... **0**
(If rural, give location) **2**

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Patricia Ann Gage**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No..... **None**

4. Sex..... **Female** 5. Color or race..... **White**

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased..... **November 2 1943**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **JUNE** day **24**
year..... **1947** hour..... **11** minute..... **9** M.

21. I hereby certify that I attended the deceased from **APRIL 17**
1947, to **JUNE 24**, **1947**
that I last saw her alive on **JUNE 24**, **1947**
and that death occurred on the date and hour stated above.

Duration

8. AGE:

Years	Months	Days	If less than one day
3	7	22	hr. min.

Immediate cause of death.....
CONGENITAL HEART DISEASE.

Due to.....

Due to..... **157-2**

9. Birthplace..... **Vienna Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Child**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **CONFIRMED ABOVE**

Of autops.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

11. Industry or business.....

12. Name..... **Daniel Gage**

13. Birthplace..... **Vienna Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Allie L. Badden**

15. Birthplace..... **Paragould Arkansas**
(City, town, or county) (State or foreign country)

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?..... (c) Means of injury..... **0**

23. Signature..... **James L. Smith** (M. D. or other)
634 N. GRAVY Address..... Date signed..... **6/24/47**

16. (a) Informant..... **Daniel Gage**
(b) Address..... **Vienna, Ill.**

17. (a) **Removal** (b) Date thereof..... **6-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Vienna, Ill.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**
(b) Address..... **4700 Washington Blvd.**

19. (a) **6-27-47** (b) **Albert H. Hoppe**
(Date received local registrar) (Registrar's Signature)

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

MOTHER FATHER

JUL 1 / 1947

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..... *W. Wilkinson*

Licensed Embalmer No..... *3575*

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.