No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

Registration District No. 379

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18234

Primary Registration District No. 2502

Registrar's No. 1252

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7310 Northmoor Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 96
(c) City or town: University City 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 7310 Northmoor Drive 5
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Wilton H. Gage
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Catherine A. Gage
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: September (Month) 28 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
84	7	18	..... hr. ..... min.

9. Birthplace: Brighton (City, town, or county) New York (State or foreign country)
10. Usual occupation: Glue Manufacturer
11. Industry or business .....
FATHER
12. Name: Dexter Gage
13. Birthplace: Gates (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name: Mary Gardner
15. Birthplace: Rochester (City, town, or county) New York (State or foreign country)
16. (a) Informant: Mrs. Catherine A. Gage,
(b) Address: 7310 Northmoor Drive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Cullinane Bros.
(b) Address: 3320 N. Kingshighway Blvd
19. (a) 3-18-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1948 hour 9 minute 15 P M.
21. I hereby certify that I attended the deceased from 11 March, 1948, to 13 April, 1948; that I last saw him alive on 13 April, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Nephritis	
Due to: Hypertrophy of prostate with obstruction	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations: 132	
Of autopsy	

PHYSICIAN — Underline the cause of 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: E. H. Burford (M.D. or other) M.D.
Address: 958 Arcade Bldg. Date signed 18 May 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 9 1952

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, 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.