

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14569
3896
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) Few Hours		c. CITY (If outside corporate limits, write RURAL and give township) 10 St. Louis 2109		d. STREET ADDRESS (If rural, give location) 4464 Greer	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) 4464 Greer			
3. NAME OF DECEASED (Type or Print) John Price Page			a. (First)	c. (Last)	4. DATE OF DEATH 4-22-51		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 17, 1898		9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pullman Porter Railroad			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Jackson, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GEORGE PAGE		13b. MOTHER'S MAIDEN NAME Ella RAMSEY		14. NAME OF HUSBAND OR WIFE Ida Page			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) No.		16. SOCIAL SECURITY NO. 488-09-7558		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Ida Page 4464 Greer			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 4-22-51 10:00 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> - NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H/OX			
22. I hereby certify that I attended the deceased from 1-16-1950, to 4-22, 1951, that I last saw the deceased alive on 4-22, 1951, and that death occurred at 9 a.m., from the causes and on the date stated above.							
23a. SIGNATURE J.W. Wilkinson MD				23b. ADDRESS 4145 Page		23c. DATE SIGNED 4-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 27 '51	24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) 9500 Natural Bridge		
DATE REC'D BY LOCAL REG. APR 25 1951		REGISTRAR'S SIGNATURE J.B. Lantz		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D.H. Bruce, 4464 Washington			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. P. Stark

Licensed Embalmer No. 4599

P. O. Address St. Louis

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.