

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**3303**

FILED FEB 9 1955

State File No. ....

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 219

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>C. LAYTON</u>		c. CITY OR TOWN <u>Maryland Heights</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		e. STREET ADDRESS (If rural, give location) <u>4000 Route # 1 Box # 22</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>FRANK</u> c. (Last) <u>GAGE</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>January 26, 1955</u>		
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>November 9, 1888</u>	<b>9. AGE</b> (In years last birthday) <u>66</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 4 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Retired-FARMING</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Illinois</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Henry Gage</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Nora (Deceased)</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>James Gage, Route #1 Box # 22, Maryland Ht.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH.</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>UNKNOWN NATURAL CAUSES</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>7955</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR</b>
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Herbert R. Domke, M.D., Local Registrar</u>	<b>23b. ADDRESS</b> <u>651 S. Brentwood Blvd.</u>	<b>23c. DATE SIGNED</b> <u>2-1-55</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Re-burial</u>	<b>24b. DATE</b> <u>1-29-1955</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Matthew's Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>1-28-55</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Domke M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>McLaughlin Funeral Home, Inc.</u>	<b>ADDRESS</b> <u>2301 Lafayette, St. Louis 4, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

6002  
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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.....  
Signature of Student Embalmer

Signed *H. G. Ferris*.....

Licensed Embalmer No. *338*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.