

FILED APR 12 1957

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
318

10849
State File No.
Registrar's No. 2398

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis
c. CITY OR TOWN St Louis
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: 1813 S 11th Street
e. STREET ADDRESS (If rural, give location) 1813 S 11th Street

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Lee c. (Last) Page
4. DATE OF DEATH (Month) (Day) (Year) March 8 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct 11 1875 9. AGE (In years last birthday) 81

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Ralston Purina
11. BIRTHPLACE (City and State or Foreign Country) Ohio /
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Benjamin Page
13b. MOTHER'S MAIDEN NAME Amy Hopkins
14. NAME OF HUSBAND OR WIFE Josephine (Deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Lillie Page Rt 1 Box 51 C ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Coronary sclerosis & Congestive heart failure*
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) *Senility*
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 456.0

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

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) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 2nd, 1957, to 3-7-1957, that I last saw the deceased alive on 3-7-1957, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. F. Murray M.D.
23b. ADDRESS 605-A-Rural
23c. DATE SIGNED 3-21-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/12/57
24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery
24d. LOCATION (City, town, or county) (State) St Louis Missouri

DATE REC'D BY LOCAL REG. 3-11-1957
REGISTRAR'S SIGNATURE Carl Smith mo
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Ave

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Reinhold K. Schuman*
Licensed Embalmer No. 3395

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