

FILED MAR 18 1957

STANDARD CERTIFICATE OF DEATH

State File No. 10850
1902
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY ST. LOUIS - CHILDREN'S HOSPITAL			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY MADISON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN ALTON 81208		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST LOUIS CHILDREN'S Hosp			e. STREET ADDRESS (If rural, give location) 32. 609 RIDGE ST			
3. NAME OF DECEASED (Type or Print) a. (First) Stanley b. (Middle) Allen c. (Last) PAGE			4. DATE OF DEATH (Month) (Day) (Year) 2 - 23 - 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Aug. 31, 1944	9. AGE (In years last birthday) 12	IF UNDER 1 YEAR Months Days	IF UNDER 1 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) ALTON, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Henry M. Page		13b. MOTHER'S MAIDEN NAME Mildred Lamporter	14. NAME OF HUSBAND OR WIFE None			
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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucas Jones, 5005. Kings Highway				
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute leukemia				INTERVAL BETWEEN ONSET AND DEATH ?	
	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. 2043					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 2-21-1957 to 2-23-1957 , that I last saw the deceased alive on 2-23-1957 , and that death occurred at 9:30 p.m. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Barbara Jones, M.D.			23b. ADDRESS 5005. Kings Highway		23c. DATE SIGNED FEB 25 '57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-24-57	24c. NAME OF CEMETERY OR CREMATORY Valhalla Memorial Park	24d. LOCATION (City, town, or county) (State) Madison, Ill.			
DATE REC'D BY LOCAL REG. FEB 25 '57	REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd,			

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 *John J. Haines*.....
Licensed Embalmer No. *1108*.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.