

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003

9220-63-037909

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

FILED SEP 27 1963

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| VS 300<br>Rev. 4/59 | DATE AMENDED | 1  |    |    |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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|                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>                  |                                                                                                                                                                                 |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>                                                                                                                                                                                                                                                                                                       |                                                                                                           | Length of stay in 1b<br><u>2 days</u>                                                                                                                       | c. CITY OR TOWN <u>Godfrey</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                          |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>                                                                                                                                                                                                                                                                                       |                                                                                                           | Inside limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | d. STREET ADDRESS (If outside, give location)<br><u>Pearl St.</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Ida Mae Page</u>                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                                                                                             | 4. DATE OF DEATH<br>Month Day Year<br><u>Sept. 14, 1963</u>                                                                                                                     |
| 5. SEX<br><u>Female</u>                                                                                                                                                                                                                                                                                                                                                                     | 6. COLOR OR RACE<br><u>White</u>                                                                          | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Jan. 25, 1897</u>                                                                                                                                        |
| 9. AGE (last birthday)<br><u>82</u>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           | IF UNDER 1 YEAR<br>Months Days                                                                                                                              | IF UNDER 24 HR<br>Hours Min.                                                                                                                                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u>                                                                                                                                                                                                                                                                             |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>                                                                                                        | 11. BIRTHPLACE (City and state or country)<br><u>Alton, Illinois</u>                                                                                                            |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.</u>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | 13a. FATHER'S NAME<br><u>William Stumberg</u>                                                                                                               |                                                                                                                                                                                 |
| 13b. MOTHER'S MAIDEN NAME<br><u>Whilmenia Haas</u>                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | 14. NAME OF HUSBAND OR WIFE<br><u>Frank Page</u>                                                                                                            |                                                                                                                                                                                 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)<br><u>No</u>                                                                                                                                                                                                                                                                                  |                                                                                                           | 16. SOCIAL SECURITY NO.                                                                                                                                     | 17. INFORMANT<br><u>Charles F. Brown, Godfrey, Ill.</u>                                                                                                                         |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral vascular accident; Contributing cause crushing injury of chest with shock; suffered in auto accident in the vicinity of Alton, Illinois, on or about Sept., 12th, 1963 at about 8:30 P.M. Cause and manner of same could not be determined.</u> |                                                                                                           |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH                                                                                                                                                |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Open Verdict 8254-33</u>                                                                                                                                                                                                                            |                                                                                                           |                                                                                                                                                             | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                           | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>See above</u>                                            |                                                                                                                                                                                 |
| 20c. TIME OF INJURY<br>Hour a.m. p.m. Month, Day, Year<br><u>8:30 p.m. 9-12-63</u>                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                                 |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                           |                                                                                                           | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Highway 71</u>                                               | 20f. CITY, TOWN, OR LOCATION<br><u>Alton, Illinois</u>                                                                                                                          |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <u>230-A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                                                  |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                                 |
| 22a. SIGNATURE (Degree or title)<br><u>Paul Simon Deputy Coroner</u>                                                                                                                                                                                                                                                                                                                        |                                                                                                           | 22b. ADDRESS<br><u>1300 Clark</u>                                                                                                                           | 22c. DATE SIGNED<br><u>9/14/63</u>                                                                                                                                              |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                                                                                                                                                                  | 23b. DATE<br><u>9-17-63</u>                                                                               | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Godfrey Cemetery</u>                                                                                               | 23d. LOCATION (City, town, or county) (State)<br><u>Godfrey, Ill.</u>                                                                                                           |
| 24. FUNERAL DIRECTOR<br><u>Bent Funeral Home</u>                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | ADDRESS<br><u>Alton, Ill.</u>                                                                                                                               | 25. DATE RECD. BY LOCAL REG.<br><u>SEP 14 1963</u>                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                                                                                             | 26. REGISTRAR'S SIGNATURE<br><u>Loan Smith, M.D.</u>                                                                                                                            |

**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

*Charles R. McEnty*

Licensed Embalmer No. 4852

P. O. Address Alton, Ill.

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.