

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6496

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. City Hospital #2)

File No.
Registered No. 1545
St. Ward)

2. FULL NAME

(a) Residence No. 4315 N. Franklin St., 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>Inf.</u>	<u>22</u>			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer with

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 182

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Huntsville Ala (STATE OR COUNTRY) 2

FATHER

13. NAME Wm. H. Bailey Jr.

14. BIRTHPLACE (CITY OR TOWN) Huntsville Ala (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Ophelia Tibbs

16. BIRTHPLACE (CITY OR TOWN) Huntsville Ala (STATE OR COUNTRY)

17. INFORMANT Wm. H. Bailey Jr. (ADDRESS) 3820 1/2 Piney Jan

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville Ala DATE 2/17 1932

19. UNDERTAKER A. S. Beal Ind. Co. (ADDRESS) 272 1/2 Locust Jan

20. FILED 588 17 1932 1932 Wm. H. Bailey Jr. Registrar

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1932

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 10:35 m.

The principal cause of death and related causes of importance were as follows:

210 M
10:35
Shock & Injuries (Internal Hemorrhage due to Ruptured Kidney and Perforated Spleen) received when an auto hit
Other contributory causes of importance: wand driving overthrown on Highway #61, near Crystal City Mo. Accident 218

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/15 1932
Where did injury occur? Crystal City Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury Auto overturned (He was driving)
Nature of injury Internal Injuries

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John Murray M.D.
Address 116 1/2

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RESERVED FOR BIRTHING

NO. 2

