

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

4688
 Do not use this space.

1. PLACE OF DEATH **BE'S MAR 4 1938**

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **1333**
 (c) City **Saint Louis** (d) Street No. **16th and Wash Streets.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **Unavailable** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Gilbert Bailey 400**

(a) Residence, No. **3453 Laclede Avenue** St. **21** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WEDDED OR DIVORCED
 HUSBAND OF **Lucile Bailey**
 (DECEASED)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 20, 1909**

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
28	4	13	1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**

9. Industry or business in which work was done, as saw mill, bank, etc. **Laclede Christy**

10. Date deceased last worked at this occupation (month and year) **Feb. 2, 1938**

11. Total time (years) spent in this occupation **1**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Trenton Tennessee**

FATHER 13. NAME **James Bailey**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unavailable Tennessee**

MOTHER 15. MAIDEN NAME **Unavailable**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unavailable Tennessee**

17. INFORMANT (ADDRESS) **Lucile Bailey 3453 Laclede Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Trenton, Tenn.** DATE **Feb. 6, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Charles G. Bates 4107 Finney Avenue**

20. FILED **FEB 5 1938** **B. B. Brudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 3, 1938**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at **2:30 A.M.**

The principal cause of death and related causes of importance were as follows:
A compound comminuted fracture of the skull, and laceration of the brain, as a result of a collision between a Pontiac in which he was driving and a DeSoto Sedan driven by one Lloyd Stone at the intersection of 16th and Wash street February 3, 1938 about 2:30 o'clock A.M. Whether accidental or criminal carelessness could not be ascertained.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **?** Date of injury **2/3/38**
 Where did injury occur? **St. Louis, 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 **see above**
 Nature of injury **see above**

24. Was disease or injury in any way related to occupation of deceased? **!**
 If so, specify **Deputy Sheriff!**
 (Signed) _____ (Address) **1300 Clark Avenue**

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.

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

James A. Johnson

Licensed Embalmer No. 3522

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.)