REC'D APR 11 1938

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

9003
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 2592
(c) City St Louis Mo (d) Street No. Enroute to City Hospital #1 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Bailleres 462
(a) Residence, No. 4217 W. Pine St. 19
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elva Bailleres
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1890
7. AGE YEARS 47 MONTHS 8 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chef
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

FATHER
13. NAME Augustine Bailleres
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Marie Re Fugo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

17. INFORMANT (ADDRESS) Mrs Martha Bailleres 1425 Semple
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Mar 18, 1938
19. FUNERAL DIRECTOR (ADDRESS) Mullen Bros 4259 Lindell
20. FILED MAR 19 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH
NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16, 1938
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 2:03 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull; Subdural Hemorrhage; Fracture of ribs on left side; fracture of left arm; suffered when he jumped or fell from 3rd story window of his home 4217 West Pine, on March 16, 1938, about 2:03 A.M.
WHETHER INTENTIONAL OR ACCIDENTAL COULD NOT BE DETERMINED

Other contributory causes of importance:
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? Open Date of injury 3/16/, 1938
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.
In Home
Manner of injury See Above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Alfred J. Perry M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
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.
V. S. No. 2. 50M-7-20-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, Thomas R. Tenwick, Licensed Embalmer No. 3793

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

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Thomas R. Tenwick

Licensed Embalmer No. 3793

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.)