REC'D JUN 9 1938

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

16712
Do not use this space.

791
1003
4573

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 4573
(c) City ST. LOUIS. (d) Street No. 4556 W. PINE BLVD 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 WARREN BAILEY 4 m
(a) Residence, No. 4556 W. PINE BLVD 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): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF RENA MORRISON BAILEY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 22 1856
7. AGE: YEARS 81 MONTHS 6 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. DEALER
9. Industry or business in which work was done, as saw mill, bank, etc. LIVE STOCK
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) GEORGETOWN KENTUCKY

FATHER
13. NAME LEE BAILEY — 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 9

MOTHER
15. MAIDEN NAME SUSAN COOKE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) RENA MORRISON BAILEY 4556 W. PINE BLVD -
18. BURIAL, CREMATION, OR REMOVAL
PLACE FAYETTE MO DATE MAY 21 1938
19. FUNERAL DIRECTOR (ADDRESS) C. R. LUPTON SONS 4449 OLIVE ST.
20. FILED MAY 1 1938 J. B. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 18th 1938
22. I HEREBY CERTIFY, That I attended deceased from March 8, 1913, to May 18, 1938
I last saw him alive on May 18, 1938. Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	May 1 '38
myocarditis	3 yrs
Other contributory causes of importance:	
Funeral arteriosclerosis	20 yrs

Name of operation — Date of .....
What test confirmed diagnosis? Physical Exam 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 —, 19.....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [signature], M. D.
(Address) 3701 Westminster Pl

(Licensed Embalmer's Statement on Reverse Side)

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.

HR 6585

STATEMENT BY LICENSED EMBALMER

I, C R Lupton, Licensed Embalmer No. 2123

hereby certify that the body recorded on the reverse side of this certificate was embalmed by B A Miles

L. E.

No. 2901 or by, Registered Apprentice No.

working under my personal supervision.

Signed C R Lupton

Licensed Embalmer No. 2123

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)