

DEC 12 1938

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

37755
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. 1008
 (c) City St. Louis, Mo. (d) Street No. 5510 Ashland Registered No. 1008
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Laura Bailey

(a) Residence, No. 5510 Ashland St. 6 (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 Female 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 Edwin J. Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1860

7. AGE YEARS 78 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Leonard Seifried

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Minnie Rokes

16. BIRTHPLACE (CITY OR TOWN) Holland (STATE OR COUNTRY)

17. INFORMANT Arthur S. Bailey (ADDRESS) 5510 Ashland

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns DATE 11/23/38

19. FUNERAL DIRECTOR Edith E. Ambruster (ADDRESS) 4234 Manchester

20. FILED NOV 22 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/20/38 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to Nov. 20, 1938
 I last saw him alive on Nov. 20, 1938. Death is said to have occurred on the date stated above, at 10:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Hemiplegia
Cerebral hemorrhage
general arteriosclerosis
 Date of onset 5 day
5 day

Other contributory causes of importance: general arteriosclerosis

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

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) Arthur S. Bailey M. D.
 (Address) 2202 University St.

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, Florenz Eynck, Licensed Embalmer No. 1284

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Florenz Eynck
Licensed Embalmer No. 1284

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.)