

JAN 19 1939

REC'D FEB 4 1939

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

3908
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis, Co. Registration District No. 784
 (b) Township Doniphan Primary Registration District No. 7-16
 (c) City Valler Park (d) Street No. Valler Park St.
 (e) Length of residence in city or town where death occurred 7 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME May Bailey
 (a) Residence, No. Valler Park, Mo. (If nonresident, give city or town and State)

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 Joseph Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5-1876

7. AGE YEARS 62 MONTHS 8 DAYS 12 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife

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

10. Date deceased last worked at this occupation (month and year) Jan. 10, 1938 11. Total time (years) spent in this occupation 35

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

FATHER 13. NAME Henry C. Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Emily Ann Abbott

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

17. INFORMANT (NAME) (ADDRESS) W. H. Humberg
541 Cass Bldg. Cleveland Ohio

18. BURIAL, CREMATION, OR REMOVAL PLACE Cardsile, Illinois Jan. 17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Shades Funeral Home
Baltimore, Mo.

20-FILED JAN 19 1939 W. H. Humberg (Address) 744 S. Jackson Ave
University City Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17-1939 19

22. I HEREBY CERTIFY, that I attended deceased from Jan 15 1939 to Jan 17 1939
 I last saw him alive on Jan 16 1939. Death is said to have occurred on the date stated above, at 4:30 A. M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocardites Jan 1938
 Date of onset Jan 1938

Other contributory causes of importance: None

Name of operation Clinical Date of None
 What test confirmed diagnosis? Clinical 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? _____
 If so, specify _____
 (Signed) Grant Decker, M. D.
 (Address) 744 S. Jackson Ave
University City Mo

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed

Geo. Schrader

Licensed Embalmer No. *3066*

P. O. Address *Bellewin, Me.*

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.)

If this body is not embalmed, above space should be left blank.