

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FORM 8-17-39  
REV. 1-1951

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23248  
Registrar's No. 1130

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Pasadena Hills  
(c) Name of hospital or institution:  
7400 Warwick  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 yrs.  
In this community 40 yrs.  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Dr. Homer Edward Bailey  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth E. Bailey 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased 2 24 1867  
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ferris Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Osteopath

11. Industry or business Private Practice

MOTHER FATHER  
12. Name Colbert W. Bailey  
13. Birthplace Virginia  
14. Maiden name Marigian McGillip  
15. Birthplace Warsaw Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dr. Homer E. Bailey  
(b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof 6/27/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dale Grove

18. (a) Signature of funeral director Alexander & Sons  
(b) Address 6155 Delmar Blvd.

19. (a) JUN 26 1939 (b) W. R. Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Pasadena Hills  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7400 Warwick Dr.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 25<sup>th</sup>  
year 1939 hour 4:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Feb 1  
1939, 19\_\_\_\_, to June 25, 1939;  
that I last saw him/her alive on June 24<sup>th</sup>, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia  
Chronic myocarditis  
Carcinoma of stomach  
Due to \_\_\_\_\_  
Due to Hb  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. L. Williamson MD (M. D. or other)  
Address 2357 Inoco Bldg Date signed 6-25-39

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**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..... *Jos. E. McCulloch* .....

Licensed Embalmer No. *2460* .....

P. O. Address..... *6175 Deeman* .....

**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.