

30695

## DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

7758

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1003**

(a) County St. Louis Co. /  
 (b) City or town St. Louis, Mo. /  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Infirmary.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution March 10, 1932.  
36 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Andrew Bailey. 450  
 3. (b) If veteran, name war Unknown  
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 24, 1852.  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 2 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Indiana. (City, town, or county) (State or foreign country)  
 10. Usual occupation Laborer.

11. Industry or business \_\_\_\_\_  
 12. Name Alex Bailey. /  
 13. Birthplace Indiana. /  
 14. Maiden name Nancy Ann Wil. (City, town, or county) (State or foreign country)  
 15. Birthplace Indiana. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Molyneux  
 (b) Address 5800 Arsenal.  
 17. (a) Removal (b) Date thereof Sept 9 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Kirkville, Mo  
 18. (a) Signature of funeral director Anatomical Board  
 (b) Address St. Louis, Mo  
 19. (a) SEP 8 1939 (Date received local registrar)  
J. F. Gredeck (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis, Mo (b) County St. Louis.  
 (c) City or town St. Louis, Mo. **13**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5800 Arsenal St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.: American. years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1, 1939.  
 year 1939 hour 6:40 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from October 10, 1932, 1932, to September 1, 1939  
 that I last saw him alive on September 1, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombocytopenic purpura  
Due to Atherosclerosis  
Due to Senility  
Pl. contact  
 Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 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 & place) Means of injury \_\_\_\_\_  
 23. Signature J. F. Gredeck (M. D. or other)  
 Address 5800 Arsenal

(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.

STATE & PERMANENT RECORD

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

*Harrison Eaton*

, Registered Apprentice No.

*210*

working under my personal supervision.

Signed

*Raymond E. Gerike*

*City of St. Louis  
#180*

Licensed Embalmer No.

*3985*

P. O. Address

*St. Louis, Mo.*

**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.**