o. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37418

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9691

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bel Paul Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4247 Lexington Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? Mo. years.

3. (a) PRINT FULL NAME Claude Bailie

3. (b) If veteran, name war no

3. (c) Social Security No. 497-03-3674

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ceecelia Bailie

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Oct (Month) 9 (Day) 1884 (Year)

8. AGE: Years 56 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation Harnessmaker

11. Industry or business Lively Dairy

FATHER
12. Name Harris Bailie
13. Birthplace Ills. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Elliot
15. Birthplace Nebr. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. Bailie
(b) Address 4247 Lexington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield Ills.

18. (a) Signature of funeral director Howard & Sons
(b) Address 4212 St Louis Ave

19. (a) NOV 26 1940 (Date received local registrar) (b) J. F. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25th year 1940 hour 3 minute 45 M.

21. I hereby certify that I attended the deceased from 11/25/40, 19..., to ..., 19...; that I last saw him alive on 11/25/40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Thrombosis of some of blood vessels to heart	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Martin VanTrolle (M. D. or other)
Address 4016a Chouteau Ave. Date signed 11/26/40

(Licensed Embalmer's Statement on Reverse Side)

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 Jas A Howard

Licensed Embalmer No. 3941

P. O. Address 4212 ST LOUIS MO

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

If this body is not embalmed, fact should be so stated above.