S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16634

Registrar's No. 4152

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution From 3:10 P. M. 5-13-41 to 9:10 P. M., 5-14-41 (Specify whether

In this community years, months or days 18 years

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. 3204 Pine St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elma Bailey

3. (b) If veteran, name war

3. (c) Social Security No. 497-07-0940

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife Willie

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased January (Month) 15 (Day) 1906 (Year)

8. AGE: Years 35 Months ~~5~~ Days 29 If less than one day 10 pm hr. min.

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

10. Usual occupation Factory

11. Industry or business Work

FATHER
12. Name Jim Owens
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gertrude?
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Willie Bailey
(b) Address 2831 Bernard

17. (a) (Burial, cremation, or removal) (b) Date thereof 5-19-41 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Peoples Und. Co.
(b) Address 3100 Franklin

19. (a) MAY 17 1941 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14 year 1941 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from 5-13- 1941 to 5-14- 1941; that I last saw her alive on 5-14- 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	6 months
Due to	
Due to	

Other conditions Uterine Myoma Non Malignant
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. L. Smiley (M.D. or other) 0

Address 2601 N. Whittier St. Date signed 5-15-41

(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 Henry A Goodin

Licensed Embalmer No. 3050

P. O. Address 4237 W Labad

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

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