

2  
4-41  
7-39  
X28390

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 7784

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Central St. Roch  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Koch Hosp. Co.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 75 days  
(Specify whether  
In this community Life (18 yrs) years, months or days)

3. (a) PRINT FULL NAME BETTY ADELE BAILEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ALBERT BAILEY 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 25 1922  
(Month) (Day) (Year)

8. AGE: Years 18 Months 8 Days 8 If less than one day hr. min.

9. Birthplace St. Louis 6 mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name JOHN SHEEHAN

13. Birthplace St. Louis 0 mo.  
(City, town, or county) (State or foreign country)

14. Maiden name LOUISE REINHEIMER

15. Birthplace St. Louis 0 mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Koch Hosp. Record

(b) Address Koch, Mo.

17. (a) Burial (b) Date thereof 6-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Fletcher M. Co.

(b) Address 7420 Michigan

19. (a) JUN 5 - 1941 (b) [Signature]  
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3207 W 57th St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
year 1941 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from 3-18- 1941, to 6-3- 1941;  
that I last saw her alive on 6-3 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 5 mo?

Due to 1381

Other conditions Intestinal Tuberculosis ?  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy Confirms above  
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 of place) (e) Means of injury \_\_\_\_\_

23. Signature Bernard Friedman (M. D. or other) M.D.  
Address Koch Hosp, Koch, Mo Date signed 6-3-41

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

AUG 21 1946

---

---

**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.....

*Oliver E. Fendler*

Licensed Embalmer No. *4148*

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, fact should be so stated above.**