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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 23946

FILED AUG 28 1941

Registration District No. 1001 Primary Registration District No. 1003 Registrar's No. 6288

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

1. PLACE OF DEATH: (a) County St Louis. MO.
(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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days
In this community Unk. 21 yrs. 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: (a) State ____ (b) County ____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5208 Hall Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Dan Bailey
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex M
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Dead Amey Bailey
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased 1 (Month) 1 (Day) 1880 (Year)
8. AGE: Years 61 Months 7 Days 29 If less than one day ____ hr. ____ min.
9. Birthplace Roche Port (City, town, or county) MO (State or foreign country)
10. Usual occupation Labor
11. Industry or business
12. Name Walter Bailey
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Amey Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Hano Bailey
(b) Address 911 Chestnut St Quincy Ill
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation Roche Port MO
18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson St.
19. (a) JUL 31 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1941 hour 2 minute 15 P. M.
21. I hereby certify that I attended the deceased from July 16, 1941, to July 29, 1941; that I last saw him alive on July 29, 1941; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Hypertensive Encephalopathy | 13 Days |
| Due to | |
| Due to | |
| 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) O
Address 2600 Columbia Date signed 7/31/41

(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 J. Allen Harris Jr

Licensed Embalmer No. 4053

P. O. Address St. Louis

**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.**