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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 18 1941

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36056

Primary Registration District No. 111

Registrar's No. 2247

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Richmond Heights,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 4 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. 4617 Natural Bridge.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mabel Claire Bailey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Dr. Loren M. Bailey

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September (Month) 23, (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	1	13	hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name William C. Brehm
13. Birthplace Vincennes, (City, town, or county) Indiana. (State or foreign country)

MOTHER
14. Maiden name Rebecca Severns
15. Birthplace Vincennes, (City, town, or county) Indiana. (State or foreign country)

16. (a) Informant Dr. Loren M. Bailey,
(b) Address 4617 Natural Bridge.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1941. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 4834 Natural Bridge.

19. (a) NOV 7 1941 (Date received local registrar) (b) E. G. McGavron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5th, year 1941 hour 3:05 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 8, 1940 to Nov. 5, 1941, that I last saw her alive on Nov 4, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Carcinomatosis Primary Ovaries	11 mo.
Due to Sepsis	7 day
Due to Bowel Obstruction	8 day
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations General Carcinomatosis Ovaries Primary
Of autopsy General Carcinomatosis Intestines Liver Kidneys etc.

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 J. W. Macdonald (M. D. or other) M.D.
Address 5739 N. Grand Date signed 11-5-41

B.C. 10

(Licensed Embalmer's Statement on Reverse Side)

DEC 9 1941

10.12 3.6

Nuonbrecht Bldg.

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 John A. Mlinar, Registered Apprentice No. ..... working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4186

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.