

DEC 31 1941

Registration District No.

Primary Registration District No. 106

Registrar's No. 2570

16  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. St. Louis  
(b) City or town. So. Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
233 Meacham Ave. So. Kirkwood, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community 40 years, months or days)

3. (a) PRINT FULL NAME Odelia Bailey

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Bailey 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased 12 (Month) 5 (Day) 1868 (Year)

8. AGE: Years 73 Months - Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House wife

MOTHER FATHER  
11. Industry or business  
12. Name Rat Bailey  
13. Birthplace Crawford Co. Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Mary Fisher  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate Ryan

(b) Address Los Angeles Calif.

17. (a) Burial (b) Date the of 12-18-41 (Month) (Day) (Year)  
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Platen + Sons

(b) Address Kirkwood, Mo.

19. (a) DEC 18 1941 (Date received local registrar) (b) C. H. McSherrin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. St. Louis  
(c) City or town. So. Kirkwood (If outside city or town limits, write "RURAL")  
(d) Street No. 316 Saratoga (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1941 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec. 14, 1941, to Dec. 15, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Sp. My death

Due to phlebitis

Due to influenza

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 33k

Of autopsy \_\_\_\_\_

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 R. W. Smith (M. D. or other) \_\_\_\_\_

Address Kirkwood, Mo. Date signed 12-18-41

Duration 2 weeks  
3 weeks  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 Louis V. Attkins

Licensed Embalmer No. 2847

P. O. Address 3644 France

**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, above space should be left blank.**