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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN -5 1943

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 10779

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

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis City Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 60 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis 25 00 17 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1725a Franklin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Edward Bailey

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex male O

5. Color or race White

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

6. (b) Name of husband or wife Mary Bailey.

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased 2 (Month) 2 (Day) 1863 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 79 | 2 | 2 | hr. min. |

9. Birthplace 2 (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Pensioner

11. Industry or business

FATHER
12. Name 2
13. Birthplace 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name 2
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record.
(b) Address 1515 Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Hy. Teidner and Co.
(b) Address 2223 St. Louis Ave.

19. (a) DEC 26 1942 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 25th year 1942 hour 1 minute 40 p M.

21. I hereby certify that I attended the deceased from December 19, 1942 to December 25, 1942 that I last saw him alive on December 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

Questionable

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 Frank U. Steinberg (M. D. or other) MD
Address St. Louis City Hosp. Date signed 12.25.42

(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 John P. Bushholz

Licensed Embalmer No. 1674

P. O. Address 2223 St Louis Ave

**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.**