V. S. No. 2
0M—5-42
ev. 5-17-39
1 X328

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21

State File No. 1003

FILED FEB 4 1943

Registration District No. 318 Primary Registration District No. Registrar's No. 745

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS CITY
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: DE PAUL HOSP. ST. LOUIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAY (Specify whether
In this community 4 DAY.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 812 8 9
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1035 SELLS AVE.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES BAILEY

3. (b) If veteran, name war NONE

3. (c) Social Security No. 492-09-0424

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife GLADYS BAILEY

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased MARCH (Month) 29 (Day) 1905 (Year)

8. AGE: Years 37 Months 9 Days 25 If less than one day hr. min.

9. Birthplace ALMOND (City, town, or county) N.C. (State or foreign country)

10. Usual occupation MAINTAINCE MAN

11. Industry or business MO. PORTLAND CEMENT CO.

FATHER
12. Name THOMAS BAILEY
13. Birthplace ALMOND (City, town, or county) N.C. (State or foreign country)

MOTHER
14. Maiden name NANCIE J. FREEMAN
15. Birthplace ALMOND (City, town, or county) N.C. (State or foreign country)

16. (a) Informant Mrs. Gladys Bailey
(b) Address 1035 Sells Ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 26 1943 (Month) (Day) (Year)
(c) Place: burial or cremation FRIEDENS CEMETERY

18. (a) Signature of funeral director Friedrich Funeral
(b) Address Home 8318 Halls Ferry Rd.

19. (a) JAN 25 1943 (Date received for record) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 23 year 1943 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 18 1943, to Jan 23 1943, that I last saw him alive on Jan 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Acute — Duration 2 days
Due to Pneumonia (Bronchopneumonal type with pleural effusion) — 5 days
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 W P Hamilton (M. D. or other) MD
Address 8363 Halls Ferry Date signed 1-25-43

(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 Albert F. Logan

Licensed Embalmer No. 2971

P. O. Address.....

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.