S. No. 2
M—2-43
5-17-39
I X35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1943

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 39056

Registrar's No. 2554

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans' Administration Facility,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Nov. 7, 1943 (Specify whether
In this community Since November 7, 1943
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County

(c) City or town Kampsville
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BAILEY, Jesse J.

3. (b) If veteran, name war World War #1

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Lena Bailey

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept. 25, 1888
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	1	22	hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming.

FATHER
12. Name Jesse J. Bailey,
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Hubbard,
15. Birthplace Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schullig Cl. Clerk,

(b) Address Vets. Adm. Facility, Jeff. Brks. Mo.

17. (a) Removal (b) Date thereof 11-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kampsville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) NOV 18 1943 (b) C. D. McGowan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17th
year 1943 hour 7:30 AM minute M.

21. I hereby certify that I attended the deceased from November 7, 1943, to November 17, 1943, that I last saw him alive on November 17, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
NEPHRITIS CHRONIC, WITH NITROGEN RETENTION.	UNKN.
OTHER CONDITIONS, -HYPERTENSIVE HEART DISEASE, WITH CARDIAC ENLARGEMENT, MYOCARDIAL DAMAGE AND INSUFFICIENCY.	UNKN.
Other conditions ARTERIOSCLEROSIS, GENERALIZED. (Include pregnancy within 3 months of death)	
DIVERTICULITIS, ACUTE, GANGRENOUS,	UNKN.

Major findings: SIGMOID COLON.
Of operations No

Of autopsy Autopsy performed, - see cause of death. 131

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) No

(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? Nature of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Chief Medical Officer,
Address Jeff. Brks., Mo. Date signed 11-17-43

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 1954

JUN 29 1954

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 A Hupp

Licensed Embalmer No. 1861

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.