S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7466

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2554

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Carter Carburetor Co
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1840 N. Spring Ave (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 5614a Ashland Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Bailey

3. (b) If veteran, name war No

3. (c) Social Security No. 489 09 1491

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct (Month) 17 (Day) 1882 (Year)

8. AGE: Years 62 Months 5 Days 1 If less than one day hr. min.

9. Birthplace England (City, town, or county) 4 (State or foreign country)

10. Usual occupation Inspector

11. Industry or business Carter Carburetor

FATHER
12. Name James Bailey
13. Birthplace Engalnd (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Benson
15. Birthplace Engalnd (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emily Bailey
(b) Address 5614a Ashland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 21 (Day) 45 (Year)
(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway

19. (a) MAR 20 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1945 hour 11.55 PM minute M.

21. I hereby certify that I attended the deceased from Jan 26 1945 to March 18 1945 that I last saw him alive on ~~March~~ Jan 27 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Harry M Wiese MD (M. D. or other)

Address 2301 So. Kingshighway Date signed 3/19/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Wiese

Southwest Bank

MAR 8 1946

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.