

No. 2
-1747
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAY 14 1947
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14818**
Registrar's No. **4409**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 1/2 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3327 Pine
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Frances Bailey
3. (b) If veteran, name war.....
3. (c) Social Security No.

4. Sex Female Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl Bailey
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Jan. 26 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 2 29hr.min.

9. Birthplace Miss.
(City, town, or county) (State or foreign country)
10. Usual occupation Housework

11. Industry or business.....
12. Name James Jefferson
13. Birthplace Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Harbine Brooks
15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Bailey, Husband
(b) Address 3327 Pine St

17. (a) BURIAL (b) Date thereof 5-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST PETERS CH.
18. (a) Signature of funeral director Elmer G. Pelton
(b) Address 3030 BELL AVE.
19. (a) APR 30 1947 (b) J. F. Breidick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 25
year 1947 hour 1 minute 26 P. M.

21. I hereby certify that I attended the deceased from 11-2 19 46 to 4-25 19 47
that I last saw her alive on April 25 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast, left with Metastasis
Due to.....
Due to.....
Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy None
Underline the cause of 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 Clifford J. Lawrence (M.D. or other)
Address 2601 N Whittier Date signed 4/26/47

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.....

Ester N. Harris

Registered Apprentice No. *416*

working under my personal supervision.

Signed.....

W. Claude Gordon

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.