

National Office of Vital Statistics
FILED JAN 9 1948

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11703

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.....
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... St. Louis 96

(c) City or town..... Wellston
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1523 Wellston Ave.,
N.R. (If rural, give location) 0

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

If yes, name country.....

3. (a) PRINT FULL NAME Arthur Bayliss

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

3. (c) Social Security No. 490-03-7306.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year..... 1947 hour 7.30 minute..... P.M. M

21. I hereby certify that I attended the deceased from 3-7 1947, to..... 12-21- 1947;
that I last saw h. im alive on..... 12-21- 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race..... White

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

6. (b) Name of husband or wife..... May Bayliss

6. (c) Age of husband or wife if alive..... 52 years

7. Birth date of deceased..... March 7, 1891
(Month) (Day) (Year)

Immediate cause of death.....
Myocardial infarction

Due to..... Arterio Sclerotic Coronary Thrombosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... yes

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>9</u>	<u>14</u>hr.min

9. Birthplace..... St. Louis, Missouri:
(City, town, or county) (State or foreign country)

10. Usual occupation..... Welder and Connector

11. Industry or business..... Wagner Electric Co.

12. Name..... Frank Bayliss

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

14. Maiden name..... Mary Markland

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

16. (a) Informant..... Mrs. May Bayliss

(b) Address..... 1523 Wellston Ave.,

17. (a)..... Burial (b) Date thereof Dec. 24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Oak Grove Cemetery

18. (a) Signature of funeral director..... Jos. W. Clark

(b) Address..... 1125 Hammond Ave.,

19. (a) DEC 23 1947 (b) J. B. ...
(Date received local registration) (Registrar's signature)

PHYSICIAN

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?..... Means of injury.....

23. Signature..... Arthur Bayliss (M. D. or other)

Address..... 1523 Wellston Ave. Date signed 12-22-47

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

Dr. Carl J. Reiss
Humboldt Bldg.,
JE. 1800-- 3-5 P.M.

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.....

Alfred J. Boedeker

Licensed Embalmer No..... 2663.....

P. O. Address..... 1125 Hodiament 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, fact should be so stated above.