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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED FEB 9 1948

Registration District No. **318** Primary Registration District No. **1003**

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

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:  
Miss Hospital - O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Dec 27, 1947 to Jan 24, 1948  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME DAVID A. BAILEY.  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. Unknown

4. Sex male 5. Color or race W.  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Bailey 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased April 10 1884  
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation Railroad Breaker

MOTHER FATHER

11. Industry or business Railroad  
12. Name John M. Bailey  
13. Birthplace Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Marriah Allen  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Paul A. Bailey  
(b) Address Sapulpa Okla.  
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-29-48  
(Month) (Day) (Year)  
(c) Place: burial or cremation Sapulpa, Okla.

18. (a) Signature of funeral director Albert H. Thompson  
(b) Address 4700 Washington Blvd.  
19. (a) 1/21/48 (Date received local registrar) (b) J. F. Broadcock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Oklahoma (b) County Creek  
(c) City or town Sapulpa (If outside city or town limits, write "RURAL")  
(d) Street No. 1135 East Bryan (If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24  
year 1948 hour eight minute thirty P.M.  
21. I hereby certify that I attended the deceased from Dec. 27, 1947  
to January 24, 1948  
that I last saw him alive on January 24, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial heart disease  
Duration 1 yr. 4 mos.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Augustine Jones (M. D. \_\_\_\_\_)  
Address 4960 Killede, St Louis Date signed 1-24-48

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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.....

*John A. Deuseky*

Licensed Embalmer No. 4198

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. :