No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41250

REC'D JAN 11 1949

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 11189

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:
Enroute to City Hospital #1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1221a Warren Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LLOYD W. BAILEY

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

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Clara

6. (c) Age of husband or wife if alive 43. years

7. Birth date of deceased August 29, 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Louisville, Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Packer (retired)

11. Industry or business Gaylord Box Container Corp.

MOTHER FATHER

12. Name Emmet Bailey

13. Birthplace Louisville Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Miller

15. Birthplace Louisville, Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Bailey

(b) Address 1221a Warren Street

17. (a) burial (b) Date thereof 12-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Natl. Cem. Jeff. Bks. Mo.

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) DEC 27 1948 (Date received local registrar) (b) J. B. Lanter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd year 1948 hour 623 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemopericardium following Rupture of Aorta — Duration

Due to

Due to 96

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Patrick E. Taylor M. D. or other Deputy Coroner

Address 1300 Clark Avenue Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 C W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.