

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25544
Registrar's No. 6278

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | b. COUNTY 2019 | |
| c. LENGTH OF STAY (in this place) 1 day | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | d. STREET ADDRESS (If rural, give location) 217 W. Stein | |

| | | | | |
|--|------------|-----------------|------------------|-------------------------------|
| 3. NAME OF DECEASED (Type or Print) MARIE | a. (First) | b. (Middle) *** | c. (Last) BAILEY | 4. DATE OF DEATH July 2, 1952 |
|--|------------|-----------------|------------------|-------------------------------|

| | | | | | | | |
|---------------|------------------------|--|--------------------------------|------------------------------------|------------------------|------------------------|----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed | 8. DATE OF BIRTH Apr. 16, 1897 | 9. AGE (In years last birthday) 55 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 5 MIN. Min. |
|---------------|------------------------|--|--------------------------------|------------------------------------|------------------------|------------------------|----------------------|

| | | | |
|--|---|---|-----------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At. Home | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? 0 |
|--|---|---|-----------------------------------|

| | | |
|----------------------------------|--|---|
| 13a. FATHER'S NAME Jim Graham | 13b. MOTHER'S MAIDEN NAME Ellen Johnson | 14. NAME OF HUSBAND OR WIFE Rolla Bailey |
|----------------------------------|--|---|

| | | | | |
|--|---|------------------------------|---|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) None | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Leroy Thompson | ADDRESS 312 Weiss Lemay, Mo. |
|--|---|------------------------------|---|---------------------------------|

| | | | |
|---|---|---|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (b) Heat Prostration | | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

| | | |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|--|

| | | |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? E9219 |

22. I hereby certify that I attended the deceased from July 2, 1952, to July 2, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at 2:55 P.M., from the causes and on the date stated above. #10

| | | | |
|--------------------------------------|---------------------------|----------------------------|----------------------------|
| 23a. SIGNATURE Patricia B. Taylor | (Degree or title) Coronet | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 7.1.52 |
|--------------------------------------|---------------------------|----------------------------|----------------------------|

| | | | |
|--|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal # | 24b. DATE July 5, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 24d. LOCATION (City, town, or county) (State) 10200 Gravois |
|--|---------------------------|--|--|

| | | | |
|-------------------------------------|-----------------------------------|--|--|
| DATE REC'D BY LOCAL REG. JUL 1 1952 | REGISTRAR'S SIGNATURE C. Smith | 25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co. | ADDRESS 781 So. Broadway, St. Louis, Mo. 11 |
|-------------------------------------|-----------------------------------|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Linus C. Hoffmeister

Licensed Embalmer No.

3871

P. O. Address.....

7814 S. Broad

Signed.....
Student Embalmer

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.