

STANDARD CERTIFICATE OF DEATH

15437

State File No.

FILED MAY 14 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3937							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis				2219					
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Homer G. Phillips Hospital				d. STREET ADDRESS (If rural, give location) 722 N. Garrison Ave.				0					
3. NAME OF DECEASED (Type or Print) a. (First) Jesse		b. (Middle) _____		c. (Last) Bailey		4. DATE OF DEATH (Month) (Day) (Year) April 11 1953							
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH Feb. 4, 1895		9. AGE (In years last birthday) 58		10. UNDER 1 YEAR Months 2 Days 7			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Norwood, Louisiana				12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13a. FATHER'S NAME King Bailey				13b. MOTHER'S MAIDEN NAME Henrietta Marshall				14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		(If yes, give war or dates of service) W. W. I		16. SOCIAL SECURITY NO. 426-14-7595		17. INFORMANT'S SIGNATURE OR NAME Robert Bailey				ADDRESS 722 N. Garrison Ave.			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES									
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
				DUE TO (b) Congestive Heart Failure									
				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? _____				4341					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:25 p.m. , from the causes and on the date stated above.													
23a. SIGNATURE <i>Robert Bailey</i> (Degree or title) Deputy Town				23b. ADDRESS 31300 Clark				23c. DATE SIGNED 4/14/53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 17, 1953		24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.							
DATE REC'D BY LOCAL REG. APR 15 1953		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>				25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son ADDRESS 3133 Bell Ave.							

(Licensed Embalmer's Statement on Reverse Side)

2001-2-7-70P

05886

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Escher A. Harris

Licensed Embalmer No.

4458

P. O. Address

4181 *Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.