

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1956

State File No. **41807**
Registrar's No. **11328**

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

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|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY OR TOWN St. Louis | c. LENGTH OF STAY (to this place) | c. CITY OR TOWN Overland | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital | | e. STREET ADDRESS (If rural, give location) 2257 Wengler Avenue | |

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|-------------------------------------|------------------------|-----------------------|----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Paul | b. (Middle) L. | c. (Last) Bay | 4. DATE OF DEATH (Month) (Day) (Year) 12 - 25 - 1955 |
|-------------------------------------|------------------------|-----------------------|----------------------|---|

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|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 3 - 11 - 1907 | 9. AGE (In years last birthday) 48 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & operator | 10b. KIND OF BUSINESS OR INDUSTRY Uniform Laundry | 11. BIRTHPLACE (City and State or Foreign Country) Iron County, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Robert T. Bay | 13b. MOTHER'S MAIDEN NAME Alice Hutchings | 14. NAME OF HUSBAND OR WIFE Goldie M. Bay |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 493-09-0686 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Goldie M. Bay | ADDRESS 2257 Wengler Ave. |
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| 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) Adogenous Septicemia | | 4 weeks |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lum Obstr DUE TO (c) | | 1 week |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 053.3 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR |
|--|--|---------------------------|

22. I hereby certify that I attended the deceased from **2-1-**, 19**55**, to **12-25**, 19**55**, that I last saw the deceased alive on **12/25**, 19**55**, and that death occurred at **10:30A**, from the causes and on the date stated above.

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|---|-------------------------------------|----------------------------------|
| 23a. SIGNATURE Henry W. Noller (Degree or title) | 23b. ADDRESS 2438 Woodson Rd | 23c. DATE SIGNED 12/27/55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 12/28/55 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. |
|--|---------------------------|--|---|

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| DATE REC'D BY LOCAL REG. DEC 27 1955 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral | ADDRESS 1905 Union Blvd. |
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M. J. B. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Henry Noller
3720 Washington

10 - 12

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.....
Signature of Student Embalmer

Signed... *Warren A. Carr*

Licensed Embalmer No. *35*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.