

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18416

STATE FILE NUMBER

FILED MAY 24 1957

318

1003

4362

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY ST. LOUIS - MISSOURI				2. USUAL RESIDENCE (Where deceased lived. If institutions' Residence before admission) a. STATE Missouri b. COUNTY <input checked="" type="checkbox"/>					
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Length of stay in lb 2 1/2		d. STREET ADDRESS (If outside, give location) 4643 Cote Brillante		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Lee Middle Bailey Last Bailey				4. DATE OF DEATH Month 5 Day 4 Year 57					
5. SEX Female	6. COLOR OR RACE 3 Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3-9-1923		9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY SUMNER HIGH SCHOOL			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) BIRMINGHAM, ALA.		12. CITIZEN OF WHAT COUNTRY? YES - USA	
13. FATHER'S NAME J. H. CAMPBELL BAILEY				14. MOTHER'S MAIDEN NAME ANNIE JONES					
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. -		17. INFORMANT Address ANNIE BAILEY 4643 Cote Brillante					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extensive Adhesive Arachnoiditis Paraplegia							INTERVAL BETWEEN ONSET AND DEATH undet.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Pyelonephritis							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 8-22-56 to 5-4-57 and last saw her xxx alive on 5-4-57 Death occurred at 6:55 P m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Frank O. Richards, M.D.				22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 5-6-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 5-10-57	23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK			23d. LOCATION (City, town, or county) (State) ST. LOUIS - MO.			
24. FUNERAL DIRECTOR ADDRESS Peaston Funeral Home 3645 Easton			25. DATE RECD. BY LOCAL REG. MAY 7 '57		26. REGISTRAR'S SIGNATURE Carl Smith MO mgB.				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *F. C. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 Del...*

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.