

Health, Welfare & Public Services  
 300  
 1-56  
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-011304  
 STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3627

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis MO		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hop = 1		4. STREET ADDRESS (If outside, give location) 2205 Market	
3. NAME OF DECEASED (Type or print) First Middle East William H. Bailey		4. DATE OF DEATH Month Day Year 3 1 58	
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state of country) Clark MO
13. FATHER'S NAME Wick		14. MOTHER'S MAIDEN NAME Clark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year, date of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT A. G. Taylor Cor 1300 Clark
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heute Diffuse Peritonitis DUE TO (b) Contrib; Gunshot wound left side of abdomen DUE TO (c) at home, Time, Place, Cause and Manner of same could not be determined PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Manner of same could not be determined			19. INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Gun Shot E981x	
20c. TIME OF INJURY Hour a. m. p. m. 3 1 58		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN OR LOCATION St. Louis MO	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) A. G. Taylor Cor 1300 Clark		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 3/12/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-31-58	23c. NAME OF CEMETERY OR CREMATORY Sumnerwood Cem. St. Louis County MO	
24. FUNERAL DIRECTOR Peoples Unit Co - 360 Franklin		25. DATE RECD. BY LOCAL REG. MAR 31 58	
		26. REGISTRAR'S SIGNATURE Carl Smith MO	

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..

*Not Embalmed*

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

*Not Embalmed Peoples Std. Co. E. L. Taylor, M.D.*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.