

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037575

STATE FILE NUMBER 10405

FILED NOV 10 1958		Registration District No. 318	Primary Registration District No. 1003	Registrar's No. 10405
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>St. Louis Mo.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>01 216 So. 4th St. 257</i>		d. STREET ADDRESS (If outside, give location) <i>216 So. 4th St. 257</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <i>Charles A. Bailey</i>		4. DATE OF DEATH Month <i>9</i> Day <i>29</i> Year <i>1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>9 84</i>	9. AGE (In years (month/day)) Months <i>7</i> Days <i>29</i> Hours <i>00</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and state or country) <i>none</i>	12. CITIZEN OF WHAT COUNTRY? <i>none</i>	
13. FATHER'S NAME <i>none</i>		14. MOTHER'S MAIDEN NAME <i>none</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>none</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INSURANCE Address <i>1300 Oak</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> <i>Art. Steel Heart Disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Art. Steel Heart Disease</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) <i>420.0</i>				INTERVAL BETWEEN ONSET AND DEATH
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 <i>10/18/46</i> Month, Day, Year <i>9/29/58</i> a. m. <i>10/18/46</i> 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 <i>11/10/58/46</i> to <i>9/29/58</i> and last saw <i>her</i> him alive on <i>4/16/58</i> . Death occurred at <i>10/17/58</i> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Robert G. Hanel M.D.</i> (Degree or title)		22b. ADDRESS <i>624 N. Union</i>		22c. DATE SIGNED <i>10/17/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>OCT 3 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MT. LEBANON CEMETERY</i>	23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS CO., MO.</i>	
24. FUNERAL DIRECTOR <i>ALBERT H. HOPPE</i> ADDRESS <i>4700 WASHINGTON</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 3 0 58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	

Health, Welfare Public Service

300 1-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

S.P.

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
Reclaimed from Anatomical Bd.*

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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