

Health, Welfare  
Public  
Service

XC-20825186 SL 17901

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006867  
STATE FILE NUMBER

2-1531  
REGISTRATION NO.

300  
-57

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. \_\_\_\_\_

FILED MAR 2 1959

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **915 N. GRAND ST. LOUIS, MO.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MISSOURI** b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **VET. ADM. HOSPITAL** Length of stay in 1b **142 Days**  
d. STREET ADDRESS (If outside, give location) **1329 A HAMILTON AVE** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
(Type or print) **EARNEST BAILEY**

4. DATE OF DEATH Month Day Year  
**2- 11- 59**

5. SEX **MALE** 2 6. COLOR OR RACE **COLORED** 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH **10-13-92** 9. AGE (In years last birthday) **66** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **LABORER** 10b. KIND OF BUSINESS OR INDUSTRY **UNKNOWN** 11. BIRTHPLACE (City and state or country) **MASON TENN.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **MARK BAILEY** 13b. MOTHER'S MAIDEN NAME **MARY ASH** 14. NAME OF HUSBAND OR WIFE **ANNIE BAILEY**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WW-I** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT Address **VAH RECORDS 915 N. GRAND AVE. ST. LOUIS, MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **PULMONARY INFARCTION, ETIOLOGY UNKNOWN** INTERVAL BETWEEN ONSET AND DEATH **MINUTES**  
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) **PARATHYROID ADENOMA WITH RESULTANT HYPERCALCEMIA** 19. WAS AUTOPSY PERFORMED? / YES  NO

20a. ACCIDENT SUICIDE HOMICIDE    NONE 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  NOT WHILE WORKING  AT WORK  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 **9/22/58** to **2/11/59** and last saw **XXX** alive on **2/11/59**  
Death occurred at **4:15 PM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Leo T. Neu, M.D.** 22b. ADDRESS **VAH ST. LOUIS, MISSOURI** 22c. DATE SIGNED **2/12/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **2/17/59** 23c. NAME OF CEMETERY OR CREMATORY **NATIONAL CEMETERY** 23d. LOCATION (City, town, or county) (State) **JEFFERSON BARRACKS, MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **G. WADE GRANBERRY 4202 FINNEY AVE.** 25. DATE RECD. BY LOCAL REG. **FEB 13 '59** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

2082

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 *Edward G. Flynn* .....

Licensed Embalmer No. 4444 .....

P. O. Address 4202 Finney Ave. .....

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.