

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1903
 City St Louis (No. Children's Hospital) St. _____ Ward _____

File No. 13118
 Registered No. 3670

2. FULL NAME

Elmer Richard Bay
 (a) Residence. No. 2702 LaSalle St., 18 Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
1 | 5 | 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mel 107A
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓ 110A 89A
 (c) Name of employer Mel

9. BIRTHPLACE (CITY OR TOWN) St Louis
 (STATE OR COUNTRY) MO

10. NAME OF FATHER Elmer Bay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mabel Burns

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Missouri

14. INFORMANT M. B. Jacoby
 (Address) 500 S. Kingshighway

15. FILED _____ 19 May 1929
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 24 19 29

17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 19 29 to Mar 24, 19 29.
 that I last saw h. alive on Mar 24, 19 29, and that death occurred, on the date stated above, at 2:50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suppurative pleurisy (following pneumonia) - right Bron
 (duration) 0 yrs. 1 mos. 5 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia - left - secondary 3 day Otitis media - suppurative 7 day
 (duration) _____ yrs. _____ mos. _____ ds. 1

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2-27-29
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination & operation
 (Signed) A. C. Edwards, M. D.
3-24, 1929 (Address) 500 S. Kingshighway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL John's Cemetery DATE OF BURIAL March 26, 1929

20. UNDERTAKER Megshaw & Co ADDRESS 410 1/2 Manchester

WHILE PENDING, WITH OUPDATING INFORMATION THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

