MAY 24 1933

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

Do not use this space.

14410

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 126
City (No. 1528, Oak Grove St. Ward)

2. FULL NAME Albert Bayliss
(a) Residence, No. 1528 Oak Grove St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amy Bayliss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 26, 1884

7. AGE: YEARS 48 — MONTHS 7 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pressman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England ?

FATHER
13. NAME: Frank Bayliss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Mary Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England ?

17. INFORMANT (ADDRESS): Mrs Amy Bayliss 1528 Oak Grove Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cemetery DATE April 27, 1933

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton Ave.

20. FILED 4/24/1933 Della Bracy M.D. Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to Apr 23, 1933
I last saw her alive on Dec 22, 1932 Death is said to have occurred on the date stated above, at 10:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3 years
	8 yrs

Other contributory causes of importance: Mitral Regurgitation

Name of operation: None — Date of
What test confirmed diagnosis? Clinical — Was there an autopsy?

23. If death was due to external causes (violence) Symptoms fill in also the following:
Accident, suicide, or homicide? No — Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John C. Brown, M.D.
(Address) 4548 Washington St.

OK. Luke B. Tennor M.D. Coroner St. Louis Mo 4/26/33

WRITE PLAINLY, WITH UNFADING INK--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.

MARGIN RESERVED FOR BINDING

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Dr. John C. Brams.
4518 Washington Ave
2 to 4
Forest 0450